

53 2001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2001
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EZRA JOHNSON

2. DATE
OF
DEATH

2-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. Length of stay in Baltimore

26 years

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore city 25-43

D. STREET ADDRESS (If rural, give location)

1946 Annapolis Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 5, 1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR
INDUSTRY

W. M. E. R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Stebbins Johnson

14. MOTHER'S MAIDEN NAME

Pearl Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Johnson Clear Spring, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

CORONARY ARTERY
Sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

2-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Rest Haven

24D. LOCATION (City, town, or county)

Hagerstown, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Fisher

25. FUNERAL DIRECTOR

Hagerstown, Md.

ADDRESS

1000 3

MASS 3754

1000 37

5531

MASS 3754

1000 37

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MASS 3754

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53 2002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2002
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willard J. Hamlet

2. DATE
OF
DEATH

Feb 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2826 Rose/Awn Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2826 Rose/Awn Ave

c. Length of stay in Baltimore

35 years

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 21, 1876

9. AGE (in years last birthday)

76

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Household Material

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Nathan H. Hamlet

14. MOTHER'S MAIDEN NAME

Mattie Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-16-6788

17. INFORMANT

ADDRESS

Mrs Gertrude Hamlet 2826 Rose/Awn Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO(B)
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952 to 2/20, 1953 that I last saw the deceased alive on 2/20, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

CREMATION
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5005

11

RECEIVED

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53 2003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2003

BIRTH NO. 53-04166

1. NAME OF DECEASED
(Type or Print)

Rodney Anthony Baran

2. DATE
OF

DEATH February 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

339 S. Bouldin St.

c. Length of stay in Baltimore

1 da.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

February 20, 1953

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Stanley Baran

14. MOTHER'S MAIDEN NAME

Elizabeth Monica Cituk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

760.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 20, 1953 to February 21, 1953, that I last saw the deceased alive on Feb. 21, 1953, and that death occurred at 4:00 a.m. from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

23B. ADDRESS

M. D. 1100 N. Caroline St.

23C. DATE SIGNED

Feb. 21, '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 23-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto. City

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5/13/53

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave.

ADDRESS

H-500

53 2004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2004
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HARRY C. HEIM			2. DATE OF DEATH Feb. 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2228 Orleans St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2228 Orleans St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 28, 1884		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-Bottle Feeder		10B. KIND OF BUSINESS OR INDUSTRY National Brewery	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs. Myrtle Kaptain, dght, above ✓		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis (A) _____ DUE TO Bilateral Mycobact. tuberculosis (B) _____ DUE TO Pulmonary Abscess (C) _____ Hepatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3/27/53
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Feb-1- , 19 53 , to Feb 20- , 19 53 , that I last saw the deceased alive on Feb-20 , 19 53 , and that death occurred at 4P m., from the causes and on the date stated above.					
23A. SIGNATURE 20-G. Guyer		23B. ADDRESS 156 N. Weldon Ave		23C. DATE SIGNED 2/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 23, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Schimnek Funeral Home, Inc. 2601-3-5 E. Madison St.	

VS 150

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2005
Registered No. 53 2005

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL HEGUM

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4011 Fordleigh Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

4011 Fordleigh Road

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Goldie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Legum - same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 mo.?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1953, to Feb 21, 1953, that I last saw the deceased alive on Feb 21, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Burgin

23B. ADDRESS

6721 Keistros turn Rd

23C. DATE SIGNED

2/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-23-53

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Jr 2100 Bata Rd

Logans

1261

6 North
2592

Mo 1975

Dung an

Reed Rd.
9³⁰ AM

6721

53 2006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2006
Registered No.

BIRTH NO. 52-30546

1. NAME OF DECEASED
(Type or Print)

CHARLES L. SMITH, Jr.

2. DATE
OF
DEATH

Feb. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2007 Hargrove St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04

D. STREET ADDRESS (If rural, give location)

2007 Hargrove St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 22, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days
210A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A

13. FATHER'S NAME

Charles Smith

14. MOTHER'S MAIDEN NAME

Lilley Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Charles Smith 2007 Hargrove St

ADDRESS

18.

754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Congenital Heart Disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

6 wks.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1*, 19*53*, to *Feb 21*, 19*53*, that I last saw the
deceased alive on *Feb 21*, 19*53*, and that death occurred at *6-8* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-24-53

Mt. Auburn Cem

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS *578 E*

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2007**

BIRTH NO. **52-27756**

1. NAME OF DECEASED (Type or Print) **MARY VAUGHN** 2. DATE OF DEATH **February 20, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or location)
Franklin Square Hospital
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore
D. STREET ADDRESS (If rural, give location)
1505 W. Lexington Street

c. Length of stay in Baltimore Yrs. Mos. Days
5. SEX **Female** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Nov. 13, 1952** 9. AGE (In years last birthday) **3** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Balto. Md.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Benjamin Vaughan** 14. MOTHER'S MAIDEN NAME **Lizzie Hainey** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Lizzie Hainey** ADDRESS **1505 W. Lexington St.**

18. **491X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Bronchopneumonia**
DUE TO
ANTECEDENT CAUSES (B) _____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

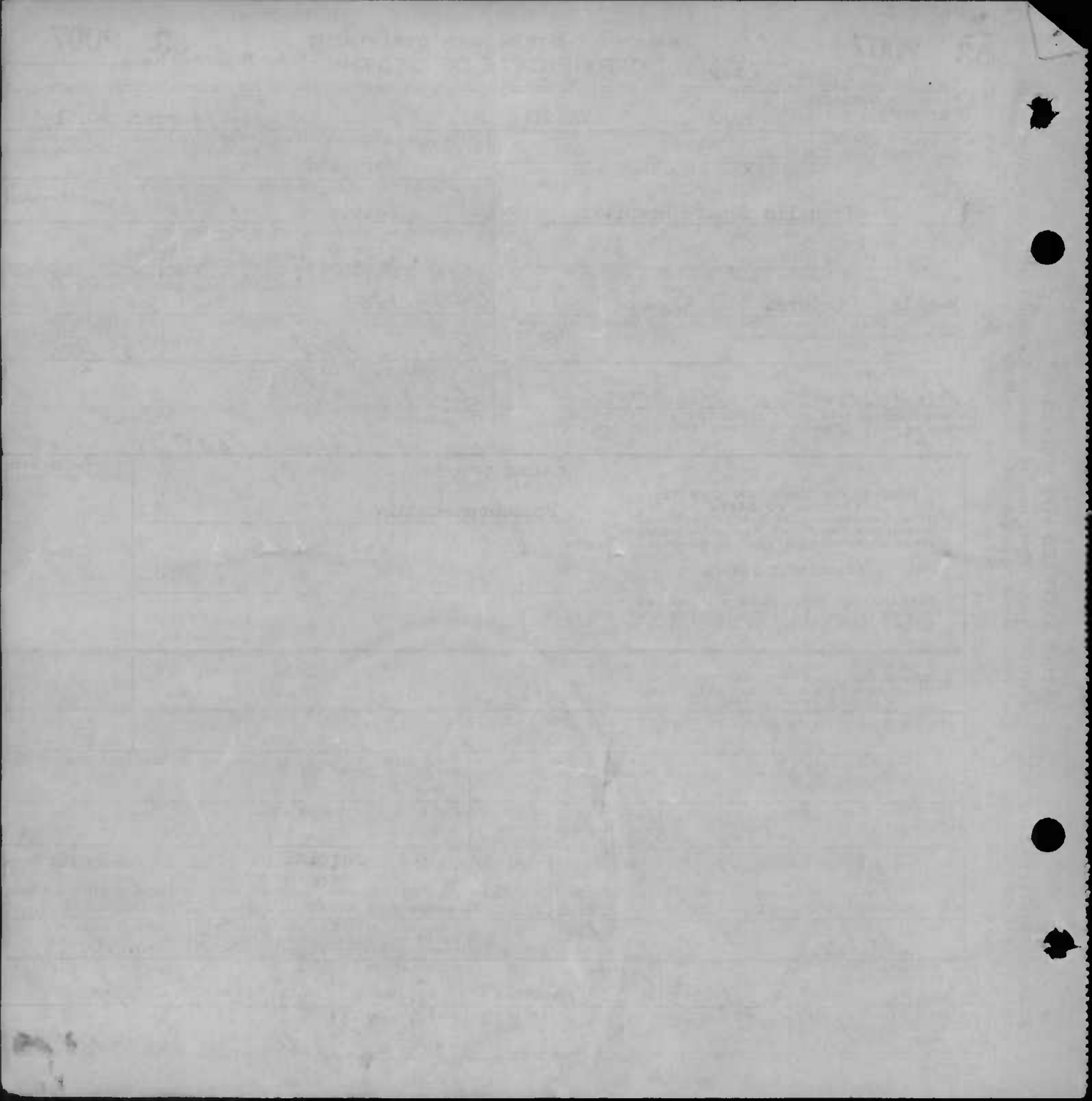
22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Wesley V. Smith** 23B. CHIEF MEDICAL EXAMINER..... ☐ ASSISTANT MEDICAL EXAMINER..... ☒ M.D. MEDICAL INVESTIGATOR..... ☐ 23C. DATE SIGNED **Feb. 20, 1953**

24A. BURIAL, CREMATION REMOVAL (Specify) **Burial** 24B. DATE **2/23/1953** 24C. NAME OF CEMETERY OR CREMATORY **W. Auburn Cem** 24D. LOCATION (City, town, or county) (State) **Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **Feb 23 1953** REGISTRAR'S SIGNATURE **Huntington White** 25. FUNERAL DIRECTOR **Mrs. Kate R. Williams** ADDRESS **3224 Schwedler St.**

VS 151



53 2008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2008

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Thompson

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1639 Bakabury Ct.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1639 Bakabury Court

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 28, 1902

9. AGE (In years
and birth day)

50

10. Under 1 Year

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Page

14. MOTHER'S MAIDEN NAME

Lueria

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ellen Cole 1639 Bakabury Ct

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute coronary occlusion

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular
Disease

2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1952, to Feb. 19, 1953, that I last saw the
deceased alive on Feb. 19, 1953, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Dr. J. H. Culver

23b. ADDRESS

558 W. E. M. St.

23c. DATE SIGNED

2/21/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

2/24/1953

24c. NAME OF CEMETERY OR CREMATORY

Abraham Memorial

24d. LOCATION (City, town, or county)

Abraham Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

19530000

25. FUNERAL DIRECTOR

Mrs. Hattie P. Williams, Schroeder St.

ADDRESS 322 N.

1952

STATE OF NEW YORK
CERTIFICATE OF DEATH

NEW YORK
COUNTY
CITY OF NEW YORK

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

G-620
53 2009BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2009

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Lurima Gross

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

819 W. Saratoga St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

819 W. Saratoga St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 31, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Gross

14. MOTHER'S MAIDEN NAME

Emma Ashley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Agnes Johnson 819 W. Saratoga St.

ADDRESS

18.

5924

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCh. Infarction
the result

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1953, to 2/14, 1953, that I last saw the
deceased alive on 2/14, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Blk. R. C. C. C.

23B. ADDRESS

2135 D - 1st

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (City, town, or county)

Lansdowne Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

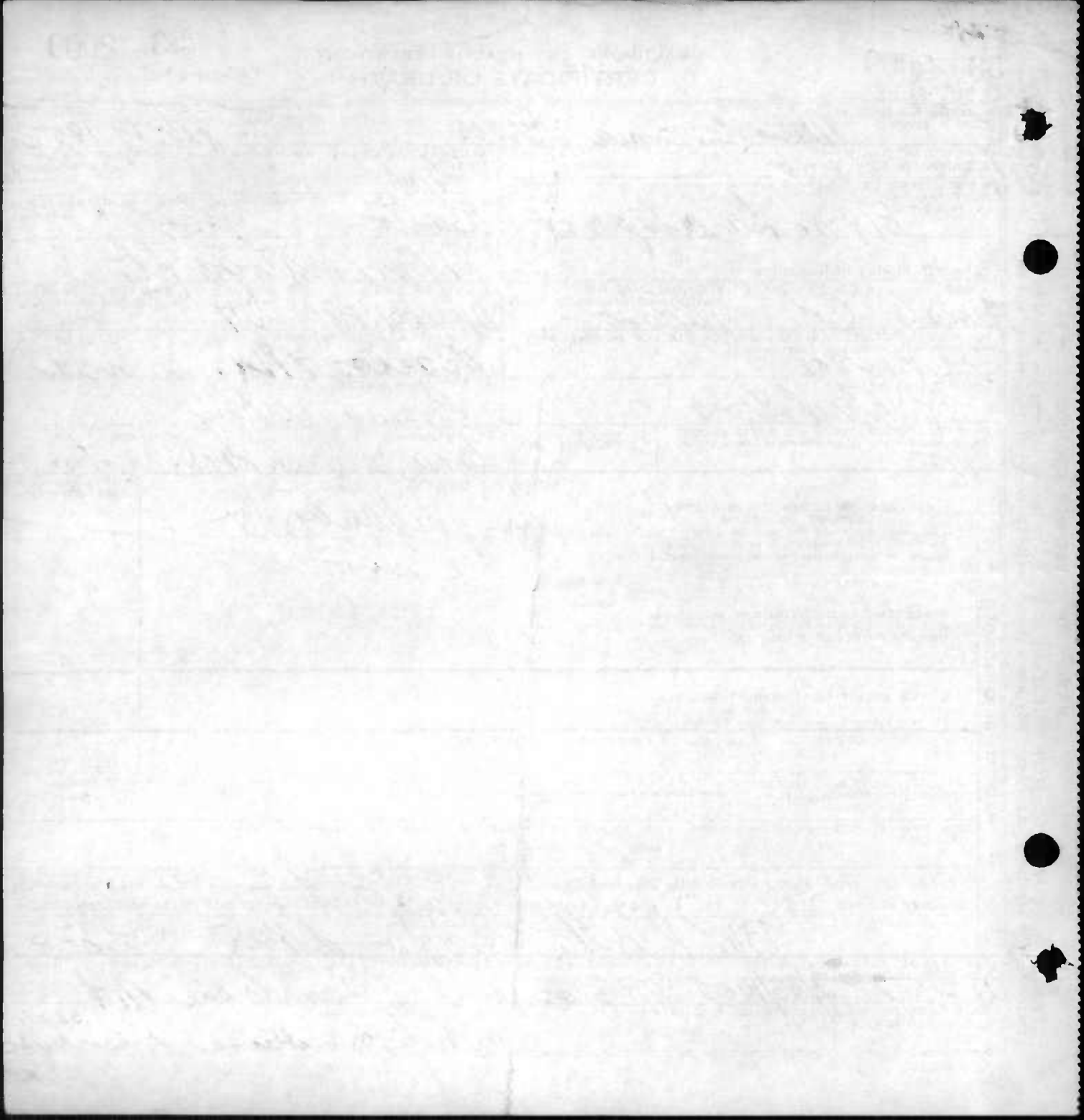
1953000

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

322 N. Schroeder



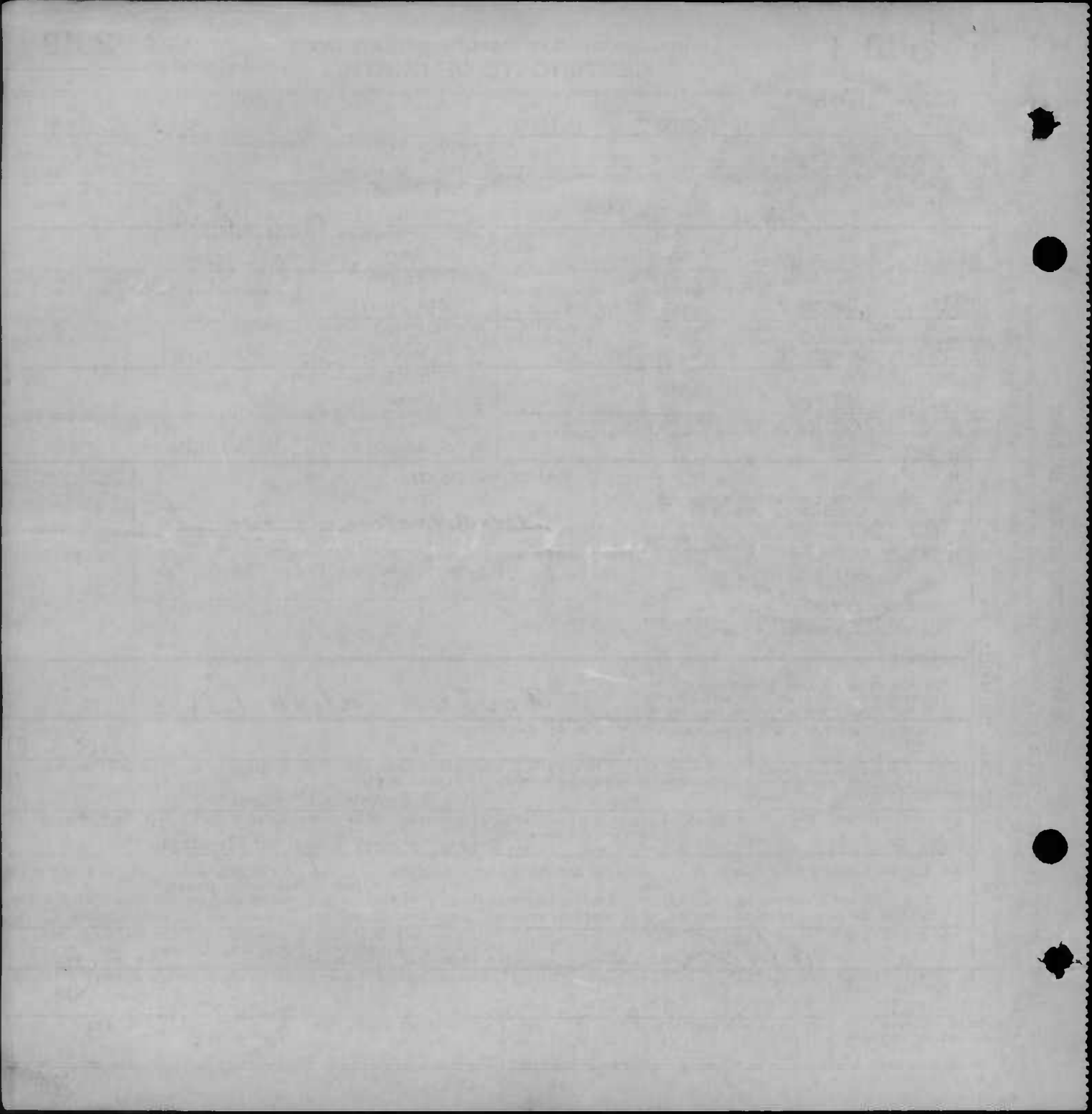
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-400
53 2010

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2010
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROBERT MALLOY		Feb. 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01			
C. Length of stay in Baltimore 15 Yrs		D. STREET ADDRESS (If rural, give location) 903 Leadenhall Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/15/1910	9. AGE (In years last birthday) 42	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		10B. KIND OF BUSINESS OR INDUSTRY Wire Factor		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME Rufus Mallory		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Lemmon 903 Leadenhall Street	
18. E903.0 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Exsanguination Due to Laceration of Scalp. (B) (C) Acute alcoholism		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 903 Leadenhall Street 23/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 20, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell in bathroom and struck head, while drunk	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. J. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2/25/53		24C. NAME OF CEMETERY OR CREMATORY Fayetteville	
24D. LOCATION (City, town, or county) (State) North Carolina		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington	
24G. FUNERAL DIRECTOR J. J. Brown & Son		24H. ADDRESS		24I. VS 151 N 856.2 76174 108 W Montgomery St	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2011
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Tommie

BLANDFORD

2. DATE
OF
DEATH

February 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

35 W. Cross Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/II/1914

9. AGE (In years
last birthday)

38

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Building Trades

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Amos Blandford

14. MOTHER'S MAIDEN NAME

Josie Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isdora Blandford-33 W. Cross St.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 20, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

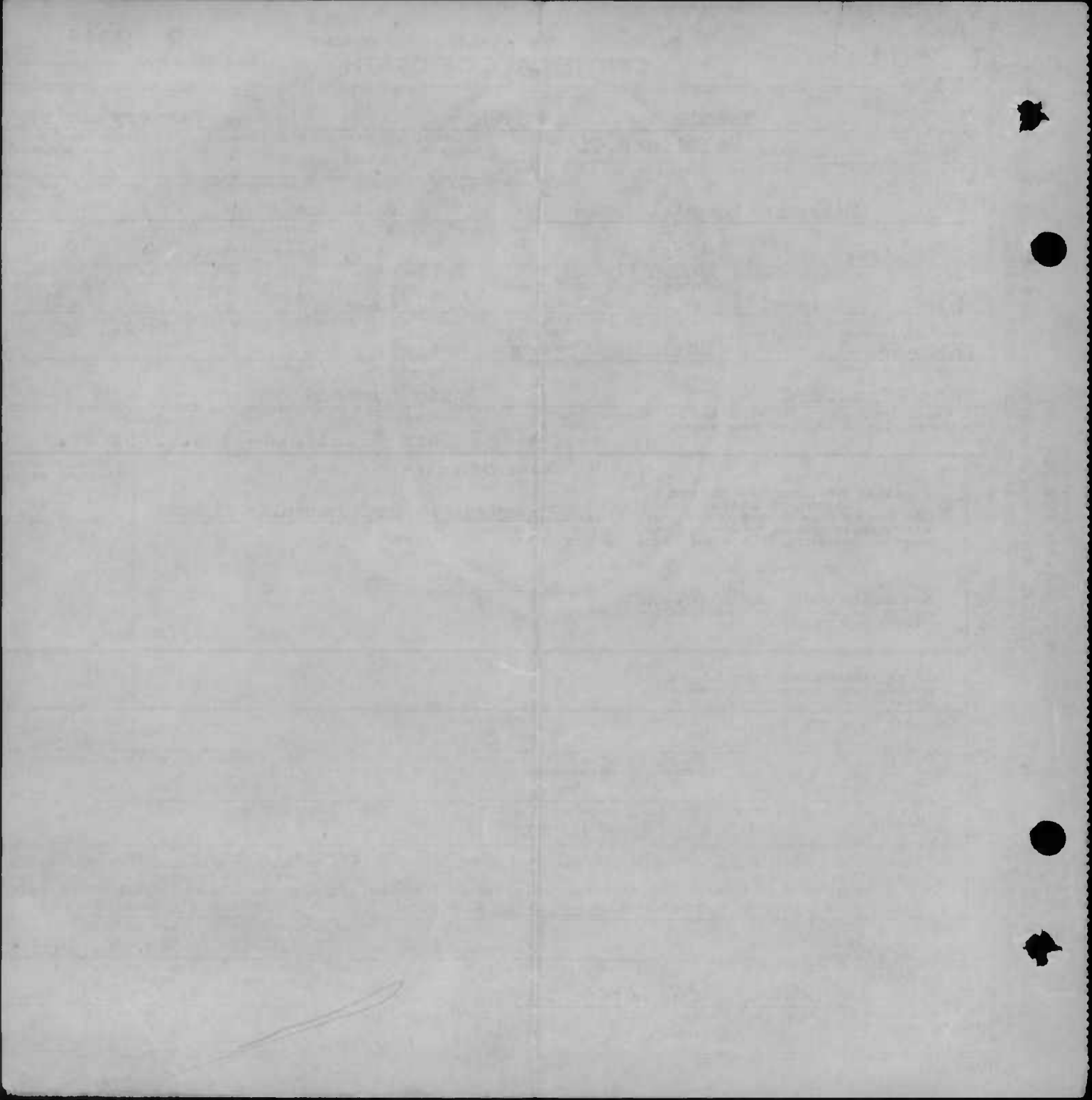
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

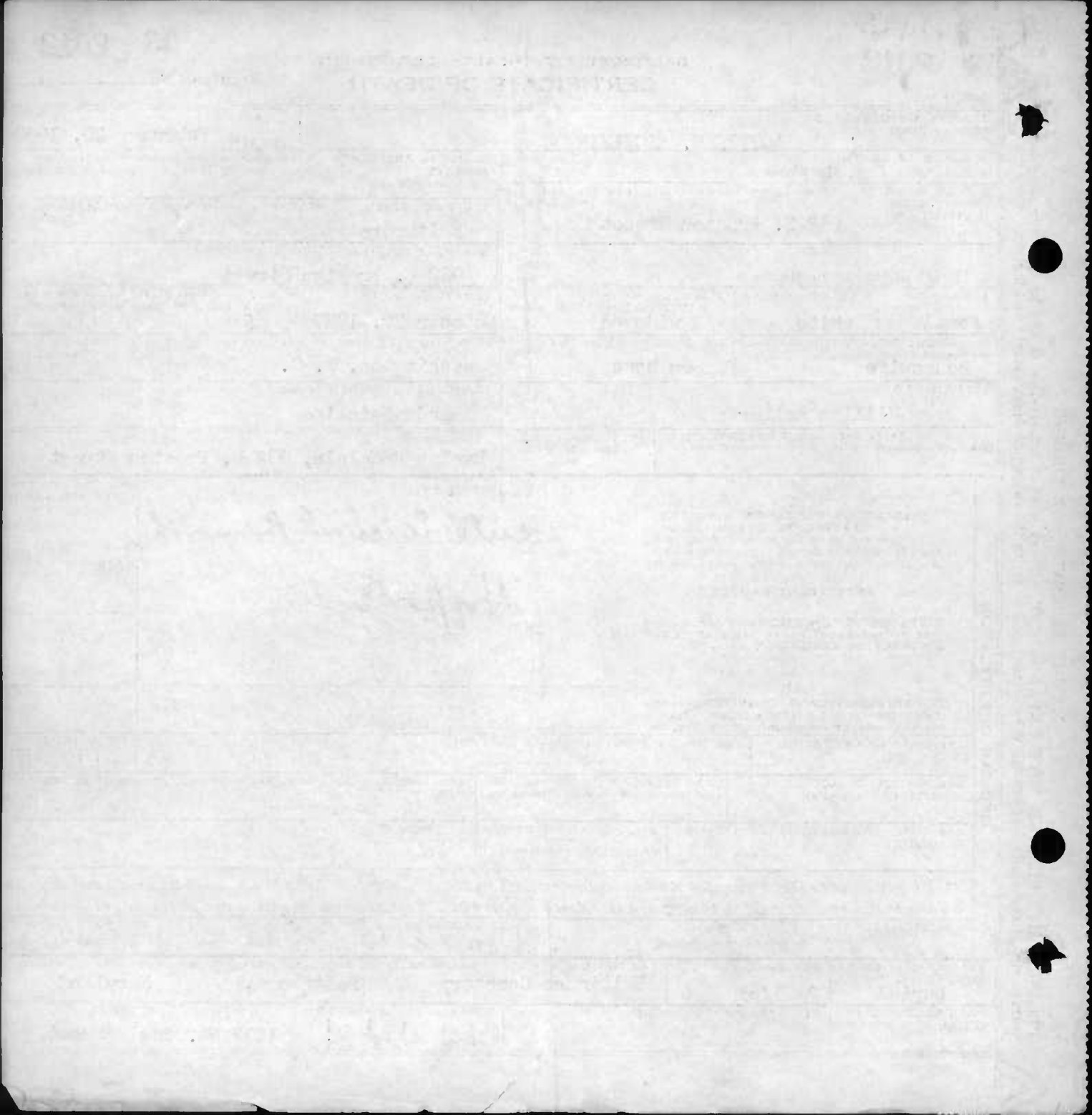


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2012

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LOTTIE M. RECKLEIN		February 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 932 E. Preston Street		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 9-09			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 932 E. Preston Street			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 30, 1887	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Keller			14. MOTHER'S MAIDEN NAME Amanda Heinline		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Evelyn Recklein, 932 E. Preston Street	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Cerebral Hemorrhage DUE TO Hypertension DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/16, 1953, to 2/19, 1953, that I last saw the deceased alive on 2/19, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.					
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS M. D. 204 E. Biddle St		23C. DATE SIGNED 2/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/23/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR 2/23/1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2013**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Adeline A. Schubert

 2. DATE
OF
DEATH

2/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4009 Garrison Blvd

C. CITY OR TOWN

Balto. 15-10

D. STREET ADDRESS (If rural, give location)

4009 Garrison Blvd

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/22/1876

9. AGE (In years last birthday)

77

10. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto Md.

13. FATHER'S NAME

John Hudson

14. MOTHER'S MAIDEN NAME

Martha Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Florence Schubert 4009 Garrison Blvd

18.

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

 (A) *Acute - coronary thrombosis*

 DUE TO *arterio sclerosis*
cardio-vascular disease

 (B) *Influenza - Feb 8 to Feb 18*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Feb 21/53
1 day
1 day

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYNING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from *Feb 8*, 19*53* to *Feb 22*, 19*53* that I last saw the deceased alive on *Feb 21*, 19*53*, and that death occurred at *10:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Adeline Schubert

23B. ADDRESS

2220 Garrison Blvd

23C. DATE SIGNED

Feb 23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Fun. Soc. Inc. 1217 St. Paul St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED		AGE		SEX		RACE		RELIGION		MARRIAGE		EDUCATION		OCCUPATION		RESIDENCE		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		CERTIFICATE OF DEATH			

53 2014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2014

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Whalen

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

1810 N. Charles Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 11-1907

9. AGE (In years last birthday)

45

If Under 1 Year
Months Days

6-9

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kingwood W. Va.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles Walls

14. MOTHER'S MAIDEN NAME

Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Whalen 1810 N. Charles St.

18.

410X and 581.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Congestive Failure

DUE TO

mitral stenosis

ANTECEDENT CAUSES

(B)

Rheumatic C.V.D. mitral insuff.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Possibly Syphilitic CVD

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hepatomegaly, Splenomegaly - Jaundice, Embolus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-20, 1953 to 2-20, 1953 that I last saw the deceased alive on 2-20, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Beckelbaum M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

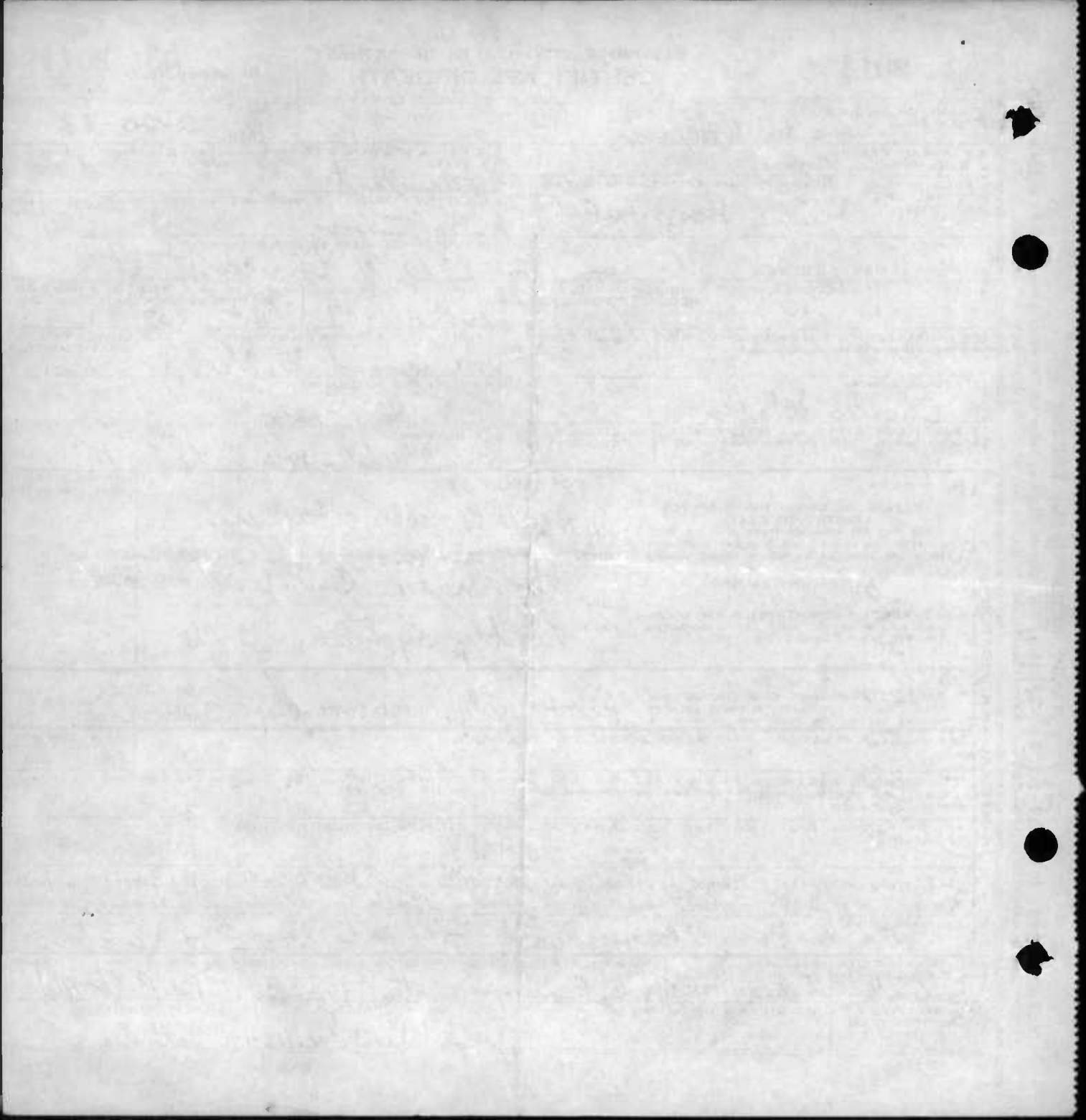
ADDRESS

FEB 23 1953

Huntington

Joseph J. J. Inc.

712-146 North Ave



1912

Jan

RECEIVED

2

RECEIVED

RECEIVED

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2016

Registered No. _____

53 2016

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Annie C. Smith

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1333 N. Carey St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1333 N. Carey St.

c. Length of stay in Baltimore

72 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

Widow

(Specify)

8. DATE OF BIRTH

June 10, 1880

9. AGE (In years, last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William A. Caldwell

14. MOTHER'S MAIDEN NAME

Largh Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

No. 1333 N. Carey St.

17. INFORMANT

1333 N. Carey St.

18.

443x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis

and

DUE TO

(C)

Hypertensive Cardis-vascular disease.

and

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐

m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec. 1952* to *Feb. 18, 1953* that I last saw the deceased alive on *Feb. 17, 1953* and that death occurred at *10:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Russell

23B. ADDRESS

1038 Edmondson

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

W. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1953

REGISTRAR'S SIGNATURE

Huntington H. Harris, Jr.

25. FUNERAL DIRECTOR

1631 Druid Hill Dr

26. ADDRESS OF DECEASED

1631 Druid Hill Dr

53 2017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2017
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Violet Thomas

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

1333 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

c. Length of stay in Baltimore

25 years

D. STREET ADDRESS (If rural, give location)

1333 N. Carey St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 7, 1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Quill

14. MOTHER'S MAIDEN NAME

Margaret Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.Mr. George B. Smith
24 Calver St. - Yorkers, N. Y.

18.

44xx
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3-4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardiovascular and
renal disease.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chr. Glomerular nephritis and

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1952, to Feb 19, 1953, that I last saw the
deceased alive on Feb 19, 1953, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Phillips

23B. ADDRESS

1038 Edmondson Ave

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb 24, 1953 Mt. Auburn

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Funeral Home

FEB 23 1953

H. Garland Phillips 1031 Druid Hill Ave.

CERTIFICATE OF DEATH

1912

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2018
Registered No. _____

53 2018
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Brather</i>			2. DATE OF DEATH <i>Feb. 22 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Surp 17 al 27</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Germantown</i> <i>65-00</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>Rt 2</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-8-1922</i>	9. AGE (In years last birthday) <i>30</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. W.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>		
11. BIRTHPLACE (State or foreign country) <i>Sesena md</i>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <i>Bosie Clipper</i>			14. MOTHER'S MAIDEN NAME <i>Rosie Walther</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS _____		

18. <i>163x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Undifferentiated Carcinoma of Lung 177.1 yr.</i>	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>177.1 yr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____ _____ _____		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____ _____ _____		

19A. DATE OF OPERATION <i>7-11-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Extensive carcinoma, Left lower lobe</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-12</i> , 19 <i>53</i> , to <i>2-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-22</i> , 19 <i>53</i> , and that death occurred at <i>10:05 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dwight C. Nelson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/23/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Feb 25 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sesena md</i>	
24D. LOCATION (City, town, or county) (State) <i>Rockville md</i>		25. FUNERAL DIRECTOR <i>Robert L. Sprocker</i>		ADDRESS _____	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington B. Smith</i>		VS 150	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

James not

James 23rd/03 James 23rd/03
Robert L. Thompson
Wichita, Kan.

53 2019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2019

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA L. COLLINS

2. DATE
OF
DEATH

Feb. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 923 Poplar Grove St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give

Balto.

16-06

township)

D. STREET ADDRESS (If rural, give location)

923 Poplar Grove St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Apr. 29, 1862

9. AGE (In years

last birthday)
90

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas B. Watkins

14. MOTHER'S MAIDEN NAME

Nancy Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Mary C. Minor - 923 Poplar Grove St.

18.

470.0 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Anterograde type heart disease
DUE TO with myocardial and endocardial
hypertrophy, degeneration + insufficiency
(B) and congestive failure.
DUE TO
(C) generalized arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATHSeveral
yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1951, to February 20, 1953 that I last saw the
deceased alive on February 14, 1953 and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William Michael

23B. ADDRESS

M. D. 1015 Poplar Grove St.

23C. DATE SIGNED

Feb 21 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

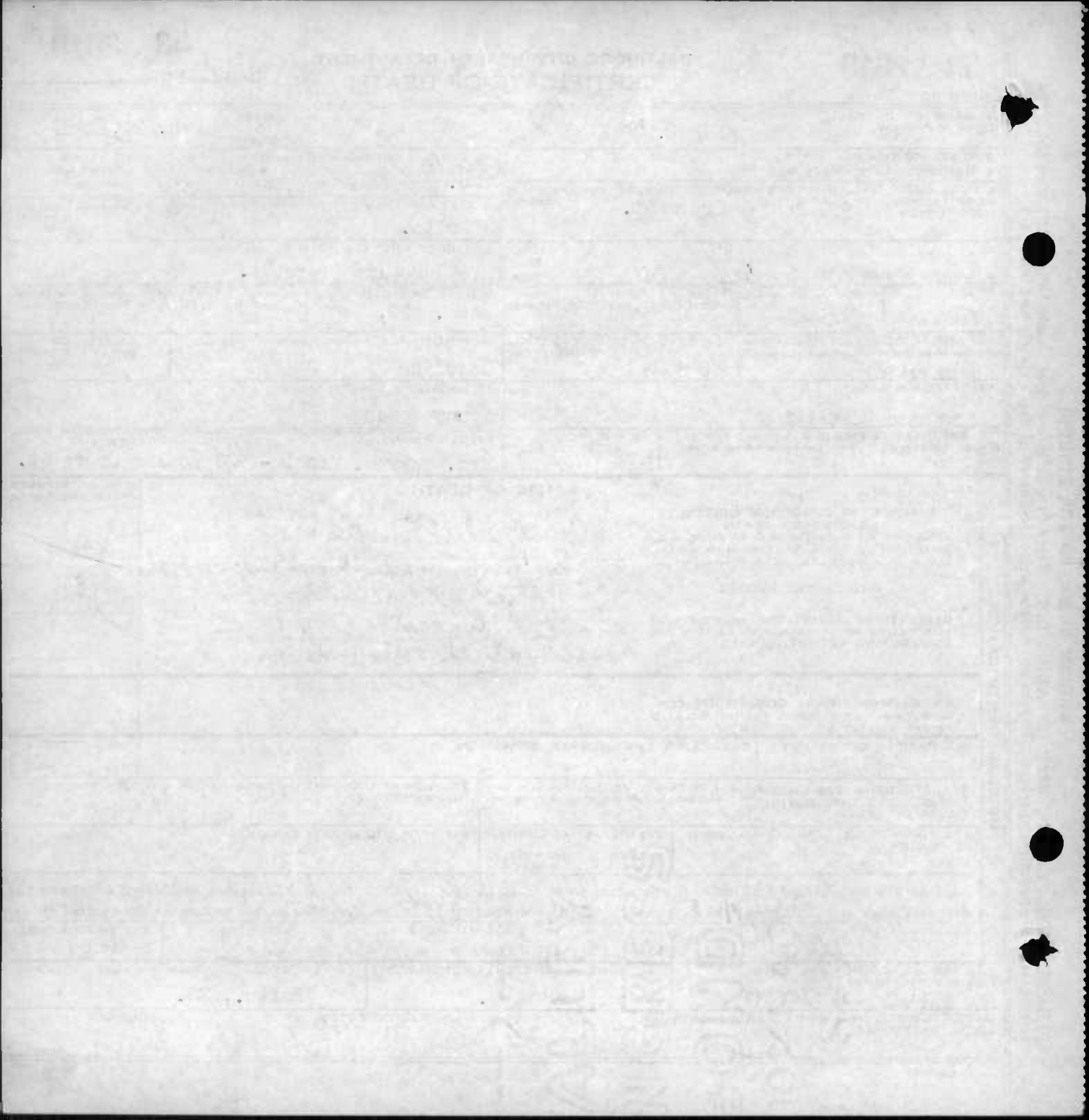
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2020

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Philip J. Feick Sr.

2. DATE
OF
DEATH

Feb. 21 '1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

3723 W. Garrison Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

white

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

May 16 '1880

9. AGE (In years last birthday)

72

11 Under 1 Year

Months

Days

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerical Work

10B. KIND OF BUSINESS OR INDUSTRY

Consolidated Groceries

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

Henry Feick

14. MOTHER'S MAIDEN NAME

Madelaine Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Myrtle D. Deick-3723 W. Garrison Ave.

18.

492X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Viral pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic cardiovascular disease

DUE TO

(C)

Cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to Feb. 21, 1953, that I last saw the deceased alive on Feb. 21, 1953, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Sui-jui Lin

M. D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Feb. 21 '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Scherer & Sons

ADDRESS

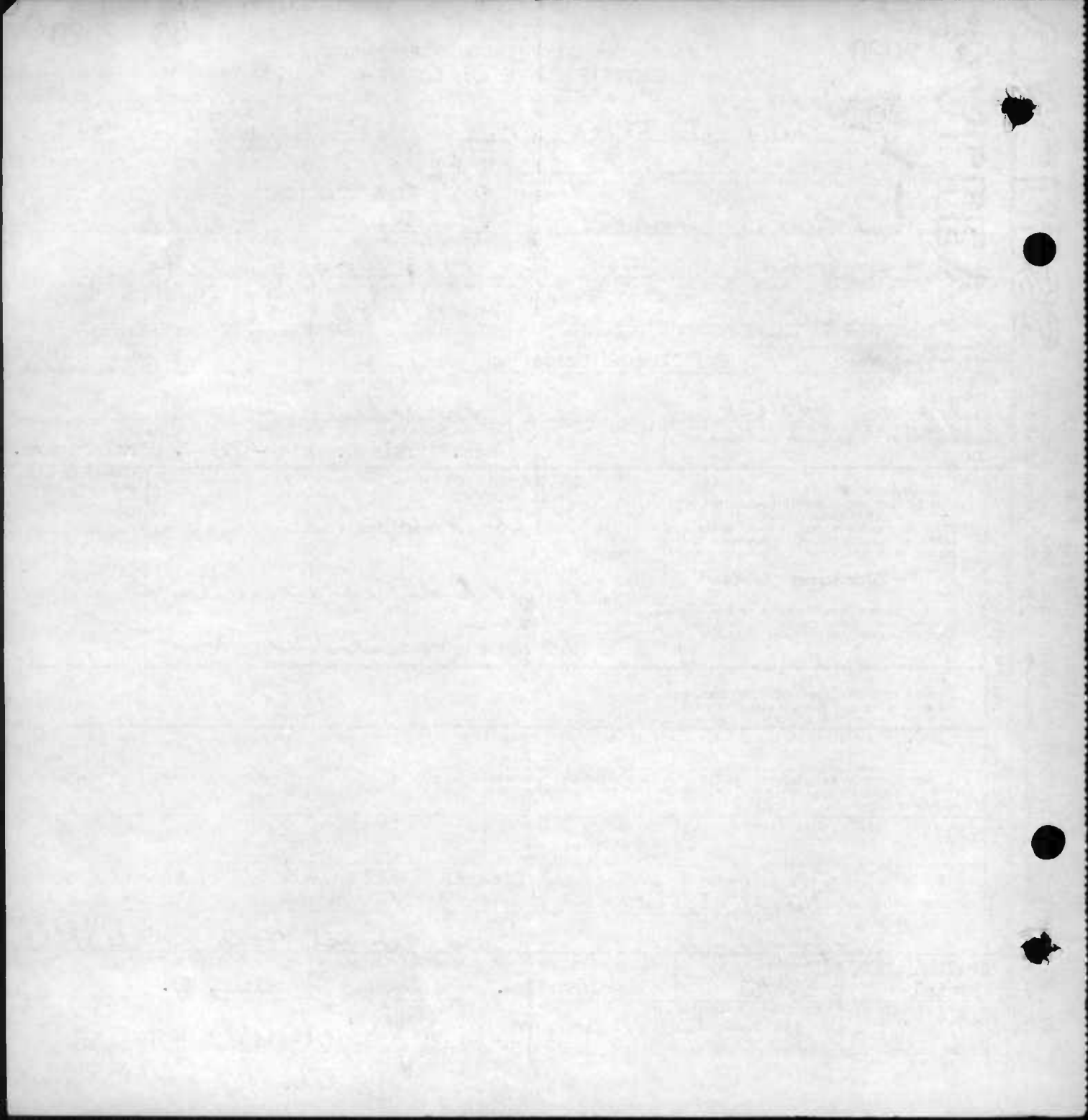
Baltimore 17, Md.

FEB 23 1953
VS 150

39063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



C-635

53 2021

53 2021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Clara E. Courtney		Feb. 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1753 Lamont Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1753 Lamont Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH July 17, 1860	9. AGE (in years last birthday) 92	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Noel Eastwood			14. MOTHER'S MAIDEN NAME Fredericka Studewalt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Clara Courtney-1753 Lamont Ave.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary atherosclerosis</i> DUE TO (B) <i>acute myocardial infarction</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 1, 1952</i> to <i>Feb 21, 1953</i> , that I last saw the deceased alive on <i>Feb 21, 1953</i> , and that death occurred at <i>3:15 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. L. J. Lippert</i>		23B. ADDRESS M. D. <i>476 S. Calverton Road Ave</i>		23C. DATE SIGNED <i>Feb 22 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/24/53	24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Lippert & Sons</i>		ADDRESS Balto 17, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATKINS & WATKINS

TESTIFICATE OF DEATH

7

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2022

Registered No. _____

53 2022

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DELLA ROLLINGS (also Della Rollins)

2. DATE
OF
DEATH

FEB 22 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

U.S. PUBLIC HEALTH SERVICE HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE, MARYLAND

PADUCAH

c. Length of stay in Baltimore

1 1/4 mos.

D. STREET ADDRESS (If rural, give location)

2630 JEFFERSON ST.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Feb. 28, 1892

9. AGE (In years last birthday)

60

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Steam Shipping

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J. R. Rose

14. MOTHER'S MAIDEN NAME

Rosella Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Roth Funeral Chapel-433 Monroe St. Paducah

18.

170X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **CARCINOMA OF BREAST with Metastases to BRAIN, Osseous System, GENERALIZED**

INTERVAL BETWEEN ONSET AND DEATH

APPROX 2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **JAN 16**, 1953 to **FEB 22**, 1953 that I last saw the deceased alive on **FEB 22, 1953**, and that death occurred at **4:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

James J. Callaway

23B. ADDRESS

U.S.P.H.S. Hosp. BALTO, Md.

23C. DATE SIGNED

FEB 22, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Paducah, Ky.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

Balto 17. Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2023
Registered No. _____

CG-167837

BIRTH NO. 50-28088

1. NAME OF DECEASED
(Type or Print)

Nelson, Loretta

2. DATE
OF
DEATH

2-20-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals
4940 Eastern Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6731 Railway Ave

c. Length of stay in Baltimore

2 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

DEC 23/50

9. AGE (In years
last birthday)

2 yrs

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Nelson

14. MOTHER'S MAIDEN NAME

Eugenia Foote

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT **Baltimore City Hospitals
Records: 4940 Eastern, Ave.,**

18.

780.21
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Anoxia During Convulsion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Idiopathic Convulsive Disorder**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-16-53

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-15**, 19**53**, to **2-20**, 19**53**, that I last saw the
deceased alive on **2-20**, 19**53**, and that death occurred at **11: A** m., from the causes and on the date stated above.

23A. SIGNATURE

N.C. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave.,

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Clarence F. Hoffman 1639 Broadway

ADDRESS

Dec. 23-1950

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. EDUCATION		9. RELIGION		10. RACE	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESS		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CLERK		19. SIGNATURE OF MINISTER		20. SIGNATURE OF JUDGE	
21. SIGNATURE OF CORONER		22. SIGNATURE OF SHERIFF		23. SIGNATURE OF TOWNSHIP CLERK		24. SIGNATURE OF COUNTY CLERK		25. SIGNATURE OF STATE CLERK	
26. SIGNATURE OF FEDERAL CLERK		27. SIGNATURE OF POSTAL CLERK		28. SIGNATURE OF AIR MAIL CLERK		29. SIGNATURE OF TELEGRAPH CLERK		30. SIGNATURE OF TELEPHONE CLERK	
31. SIGNATURE OF RAILROAD CLERK		32. SIGNATURE OF STEAMSHIP CLERK		33. SIGNATURE OF AIRCRAFT CLERK		34. SIGNATURE OF MOTOR VEHICLE CLERK		35. SIGNATURE OF BOAT CLERK	
36. SIGNATURE OF FISH AND GAME CLERK		37. SIGNATURE OF FOREST CLERK		38. SIGNATURE OF MINING CLERK		39. SIGNATURE OF AGRICULTURE CLERK		40. SIGNATURE OF COMMERCE CLERK	
41. SIGNATURE OF LABOR CLERK		42. SIGNATURE OF TRANSPORTATION CLERK		43. SIGNATURE OF PUBLIC UTILITIES CLERK		44. SIGNATURE OF FINANCE CLERK		45. SIGNATURE OF INSURANCE CLERK	
46. SIGNATURE OF REAL ESTATE CLERK		47. SIGNATURE OF PROFESSIONAL CLERK		48. SIGNATURE OF BUSINESS CLERK		49. SIGNATURE OF MANUFACTURING CLERK		50. SIGNATURE OF OTHER CLERK	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2024

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2024
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSIE SOPHIA SAUTER

2. DATE
OF
DEATH

Feb. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5109 Herring Run Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-03

D. STREET ADDRESS (If rural, give location)

5109 Herring Run Drive

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 16, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Ritterhoff

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Run Dr.

Mr. Carl A. Sauter, 5109 Herring

18.

Y60X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Cerebral Leucomalacia

(A)

DUE TO

diabetes -

(B)

DUE TO

Generalized arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 m. n.

15 hr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1948, to 2/21, 1953, that I last saw the deceased alive on 2/21, 1953, and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Ethel F. Hunkowksi

M. D.

23B. ADDRESS

1076 S. East Ave

23C. DATE SIGNED

2/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

BATHING AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2

10. 11. 1915

100 H

Dr. Kunowski
5111 Herring Run Drive
11 AM - Sun

K-610
53 2025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS BLADES KIRBY

2. DATE
OF
DEATH

2/21/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
a. STATE b. COUNTY

MARYLAND

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3139 WEAVER AVE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-01

d. STREET ADDRESS (If rural, give location)

3139 WEAVER AVE

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

June 24, 1883

9. AGE (In years last birthday)

69

10. Under 1 Year Months: Days Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Postal Clerk

11. BIRTHPLACE (State or foreign country)

St. Michael's, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John R. Kirby

14. MOTHER'S MAIDEN NAME

Amelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace E. Young, 3139 Weaver

18.

260X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) PULMONARY EMBOLISM

INTERVAL BETWEEN ONSET AND DEATH

10 MIN

DUE TO

(B) GANGRENE BOTH LEGS

4 WKS

DUE TO

(C) DIABETES

4 WKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946, to 2/21/53, 19, that I last saw the deceased alive on 2/20/53, 19, and that death occurred at 10:15 PM, from the causes and on the date stated above.

23a. SIGNATURE

Walter Kargin

23b. ADDRESS

433 Harford Rd

23c. DATE SIGNED

2/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/24/53

24c. NAME OF CEMETERY OR CREMATORY

Olivet Cemetery

24d. LOCATION (City, town, or county)

St. Michael's, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Theresa J. 2/23/53

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

39090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of friends	
19. Signature of neighbors		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of government		26. Signature of state		27. Signature of federal	
28. Signature of international		29. Signature of universal		30. Signature of world	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R 300

53 2026

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2026

1. NAME OF DECEASED (Type or Print) Robert L. Ruth.		2. DATE OF DEATH Feb. 19, 1953	
3. PLACE OF DEATH A. Baltimore City, Maryland BALTIMORE CITY		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND.	
B. FULL NAME OF HOSPITAL OR INSTITUTION BALTIMORE CITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-07	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 4115 HAVEN ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 20, 1944
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY HELPER ON TRUCK	
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME HARRY RUTH.		14. MOTHER'S MAIDEN NAME ANNA MORRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-09-8223	
17. INFORMANT ROSETTA RUTH		ADDRESS 4115 HAVEN ST.	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 9 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary TB			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb - 10, 1953 to Feb - 19, 1953 , that I last saw the deceased alive on Feb 16, 1953 , and that death occurred at 1 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. H. H. H. H.		23B. ADDRESS 1007 3rd St	
23C. DATE SIGNED 2/19/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) FEB 23, 1953		24B. DATE FEB 23, 1953	
24C. NAME OF CEMETERY OR CREMATORY NO MOUNT CARMEL		24D. LOCATION (City, town, or county) (State) ODANDEL ST. Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1953		REGISTRAR'S SIGNATURE Huntington, William M.	
25. FUNERAL DIRECTOR WENDELL J. DIPPEL		ADDRESS 312 HIGHLAND AVE	

TO : DIRECTOR, FBI (100-100000-100000)

FROM : SAC, NEW YORK (100-100000-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: [REDACTED]

CLASSIFICATION: [REDACTED]

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2027

Registered No. _____

53 2027

1. NAME OF DECEASED
(Type or Print)

Benjamin Sommers

2. DATE OF DEATH

2-21-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto - Md

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

611 S. Patterson Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

1-03

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md

d. STREET ADDRESS (If rural, give location)

611 S. Patterson Park Ave

c. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-29-64

9. AGE (In years last birthday)

89

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10b. KIND OF BUSINESS OR INDUSTRY

Standard Oil

11. BIRTHPLACE (State or foreign country)

Baltimore -

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Sclerotic cardiac valvula: mitralis*

DUE TO

40-54

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Acute respiratory infection*

DUE TO

unk.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 6*, 1953, to *Feb 21*, 1953, that I last saw the deceased alive on *Feb 20*, 1953, and that death occurred at *3 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE

Geo. D. Lippert

23b. ADDRESS

426 S. Patterson Park Ave.

23c. DATE SIGNED

2-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-24-53

24c. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24d. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

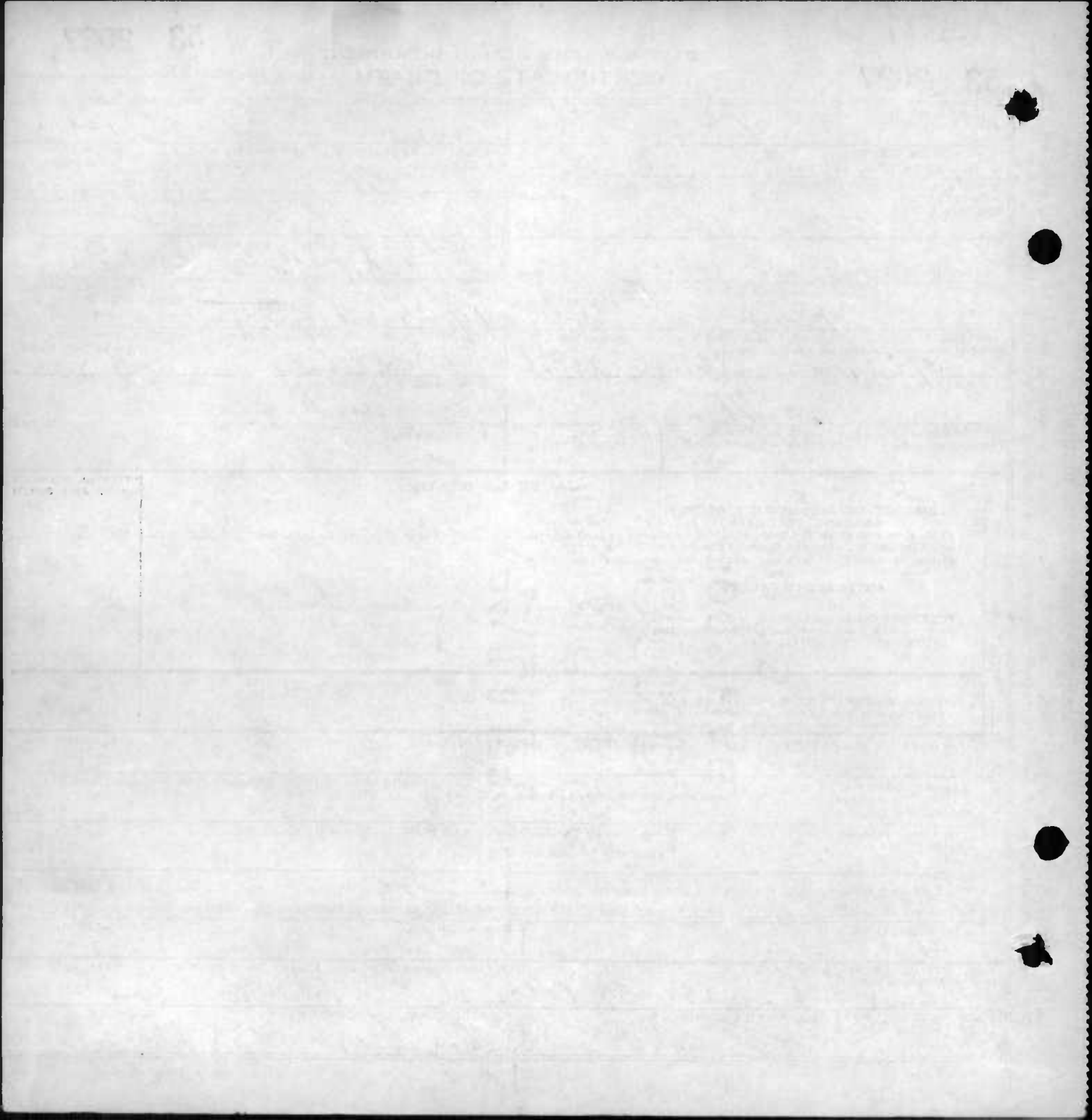
ADDRESS

4038 Wolf St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2028**
53 2028

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ropka, Nicholas John			2. DATE OF DEATH February 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 404 S. Clinton St.		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-30-77		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture Co.		10B. KIND OF BUSINESS OR INDUSTRY Local #181	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Chas. Ropka			14. MOTHER'S MAIDEN NAME Mary Sebour		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hilda Harris - 404 S. Clinton St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion with		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial infarction		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 14, 1953 to February 20, 1953 , that I last saw the deceased alive on Feb. 20, 1953 , and that death occurred at 6:15 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE P. J. Bauer		23B. ADDRESS 1100 N. Caroline St.		23C. DATE SIGNED Feb. 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-24-53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Balto - Md.		25. FUNERAL DIRECTOR ADDRESS 4038 Wolf St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2029

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM HOWARD

2. DATE
OF DEATH Feb. 20, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF if not in hospital or institution, give street address or locationBaltimore City Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-05

D. STREET ADDRESS (If rural, give location)

509 S. Tolna Street

C. Length of stay in Baltimore

30Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-15-049. AGE (In years
last birthday)48If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Wm H. Howard

11. BIRTHPLACE (State or foreign country)

Penna12. CITIZEN OF
WHAT COUNTRY?U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Bell15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Opheie Howard - 509 S. Tolna St18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher M.D.23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 21, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

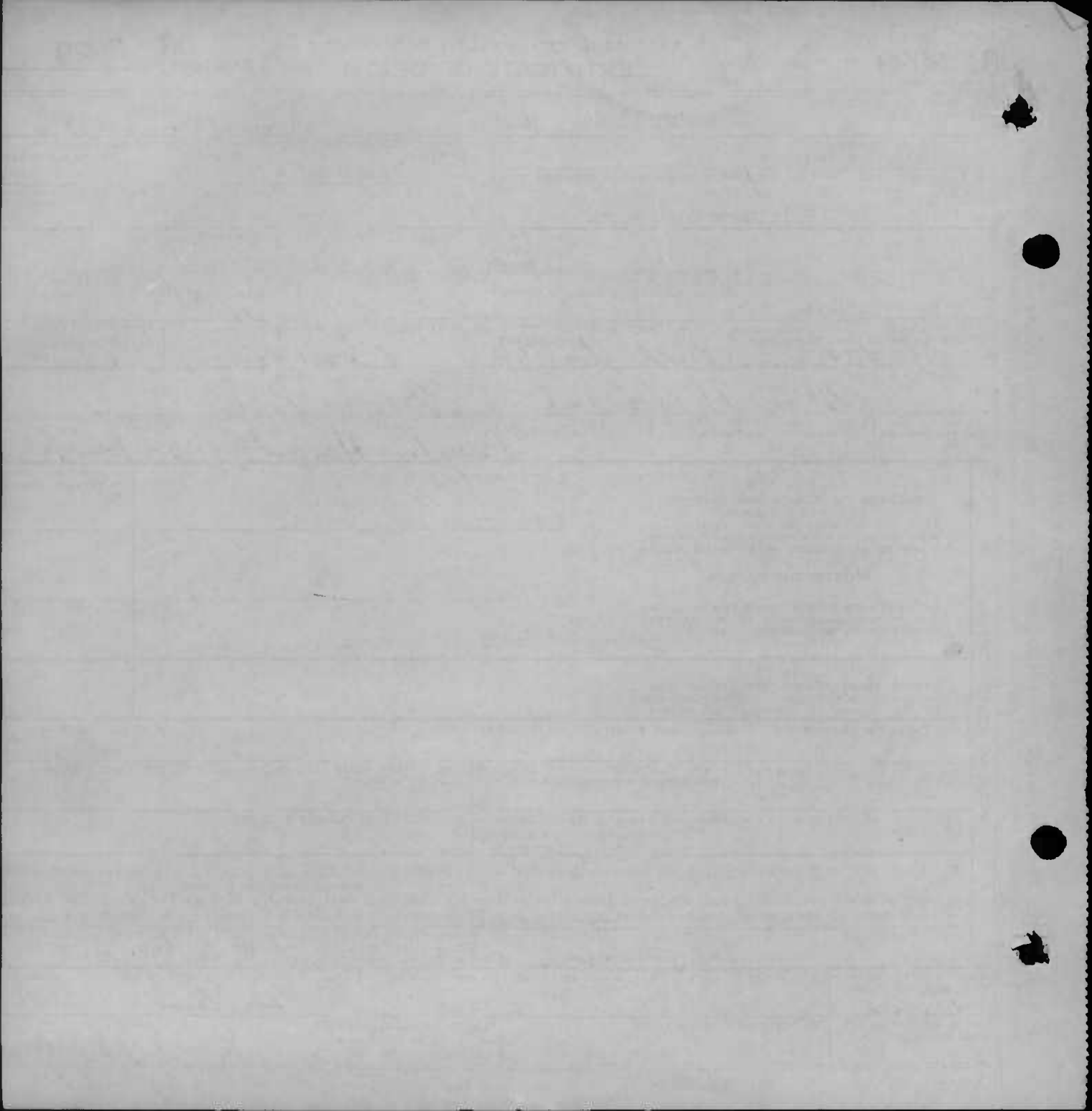
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2030**

53 2030

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA MELLON C. MELLON

2. DATE OF DEATH

February 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3818 Milford Avenue,

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

- 7-28-41

6. Length of stay in Baltimore (If rural, give location)

61

D. STREET ADDRESS (If rural, give location)

3818 Milford Avenue

7. SEX

Female

8. COLOR OR RACE

White

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10. DATE OF BIRTH

February 5, 1892

11. AGE (In years last birthday)

61

12. Under 1 Year

Months: Days

13. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Hayes

14. MOTHER'S MAIDEN NAME

Lucy Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. William Mellon 3818 Milford Ave - 7-

ADDRESS

18. **153X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Carcinoma of Colon

INTERVAL BETWEEN ONSET AND DEATH

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Dec 26, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1950** to **Feb 22, 1953**, that I last saw the deceased alive on **Feb 22, 1953**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Millard T. Trarford Jr.

23B. ADDRESS

3400 Woodbine Ave - 7-

23C. DATE SIGNED

2/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-25-53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. E. Swarth Armacost

ADDRESS

4600 Liberty Heights Avenue

4600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0000 24 6

SAID TO BE THE LAST OF THE
CERTIFICATE OF DEATH

1911

1911

DEATH OF

DEATH OF

1911

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2031

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

L KOHL

2. DATE
OF
DEATH

February 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1629 N. Durham Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB. 11-1917

9. AGE (In years last birthday)

36

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

~~HOUSE WIFE~~

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH E. BACON

14. MOTHER'S MAIDEN NAME

ELLEN M. MURPHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

LOUIS M. KOHL 1620 DURHAM ST

18. 433.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Functional heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

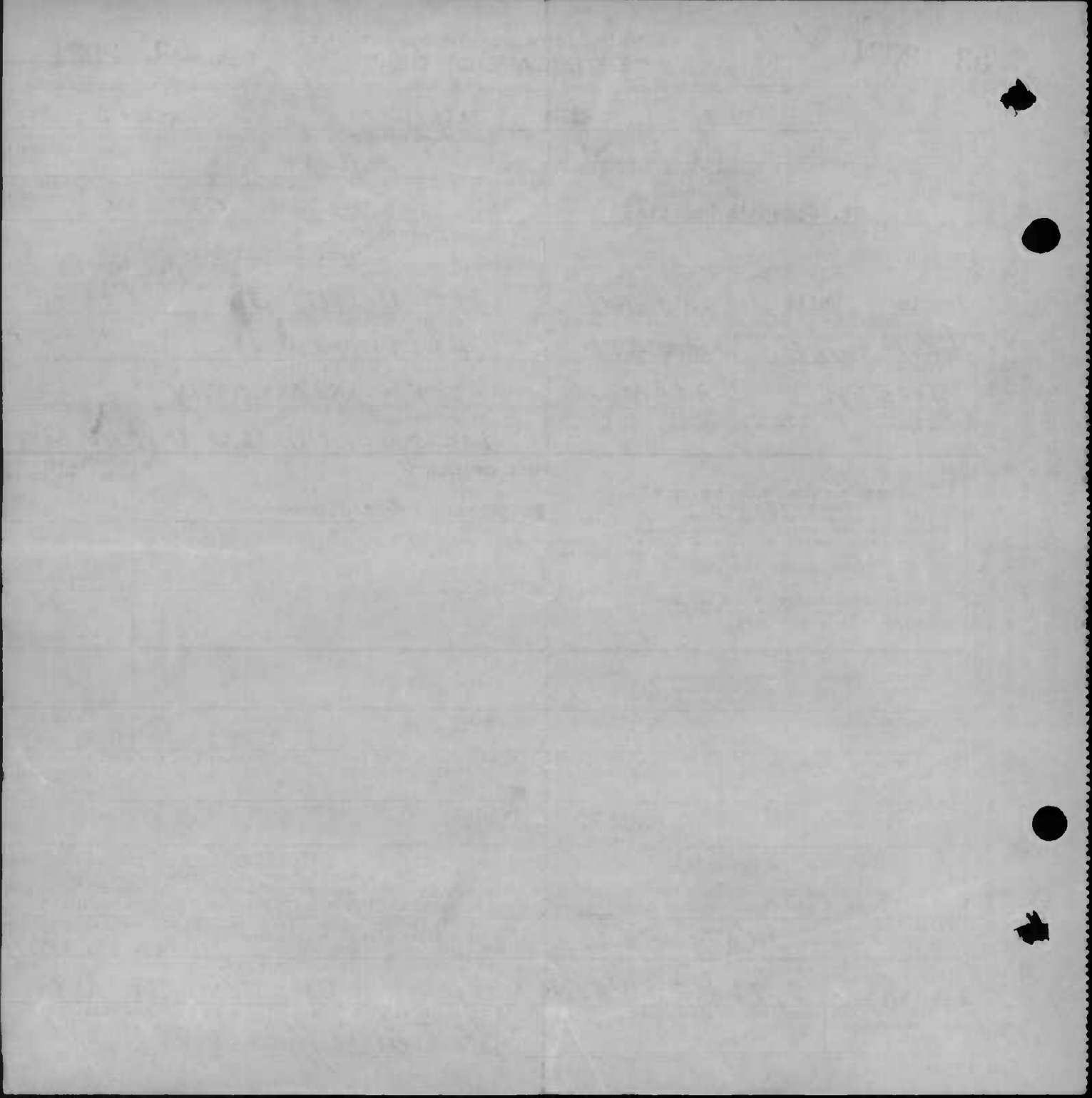
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Bladen & Hoffman 1639 Broadway



53 2032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2032

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE M. SHRIVER

2. DATE
OF
DEATH

Feb 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BAC TO.

27-18

D. STREET ADDRESS (If rural, give location)

3617 Manchester Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 3, 1894

9. AGE (In years

last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HW

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S. C.

13. FATHER'S NAME

William Carter

14. MOTHER'S MAIDEN NAME

Mary A. Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John E. Schriener 3617 Manchester Ave.

18. 260 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ruptured Aortic Aneurysm

INTERVAL BETWEEN
ONSET AND DEATH

4 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes Melitus

DUE TO

(C)

Hypertensive arteriosclerosis Cardio-vascular disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/2/53

19B. MAJOR FINDINGS OF OPERATION

Intra-peritoneal massive hemorrhage

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12/53, 19, to 2/21/53, 19, that I last saw the
deceased alive on 2/21, 1953 and that death occurred at 11:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Dennis B. B. B.

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

2/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 24/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

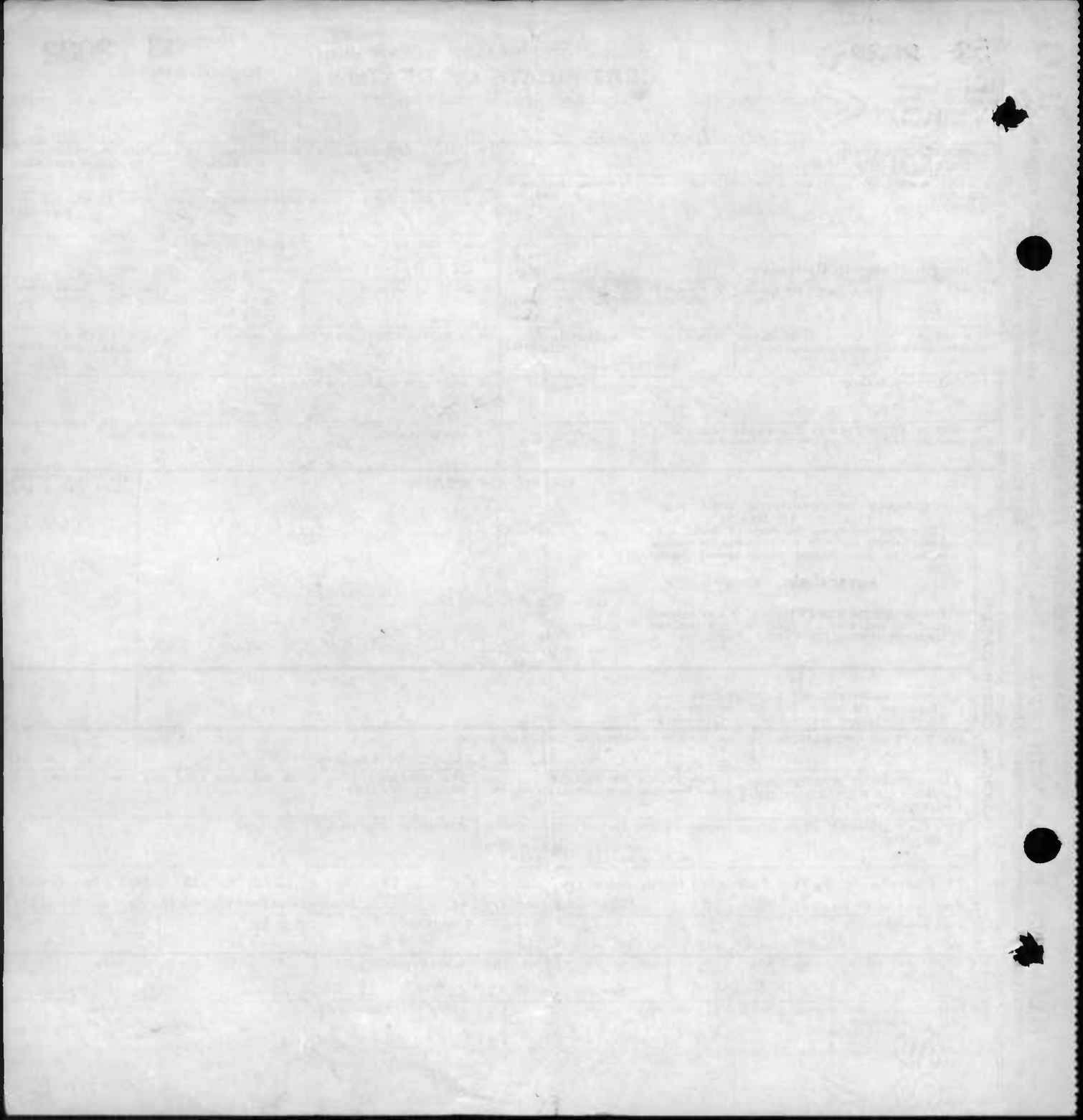
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Byron 5005 W. 4th St
Cremne.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2033

53 2033

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Balls

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5217 Ivanhoe Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Nov. 14, 1878 74 yrs.

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired (Worker)

10B. KIND OF BUSINESS OR
INDUSTRY

Factory

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Barnabus Balls

14. MOTHER'S MAIDEN NAME

Augusta Sandfox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lill Grayson Rte. Balls 5217 Ivanhoe Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Heart Disease*
DUE TO*one hour*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-53, 19, to 2-21-53, 19, that I last saw the
deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/24/53

Parkwood Cem.

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

Huntington Village, MD John A. Moran 3000 E. Baltimore St.

VS 150

69044

Rev. N. Lewis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



10-15-1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2034BIRTH NO. 53 2034

1. NAME OF DECEASED (Type or Print) WILLIAM H. SINNERS			2. DATE OF DEATH 2-21-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2901 McElderry St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2901 McElderry St.			E. Yrs. Mos. Days		
c. Length of stay in Baltimore Life			8. DATE OF BIRTH May 17, 1881		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Checker)		10B. KIND OF BUSINESS OR INDUSTRY Steel		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Sinners		14. MOTHER'S MAIDEN NAME Anna ? /	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs Lillian Zeiters 2901 McElderry St.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO II ANTECEDENT CAUSES Hypertensive Cardiovascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
19A. DATE OF OPERATION 2/24/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE Francis J. Januszewski		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 2-21-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/24/53		24C. NAME OF CEMETERY OR CREMATORY Trinity Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1953		24F. REGISTRAR'S SIGNATURE Thurston E. ...	
25. FUNERAL DIRECTOR John A. Moran 3000 E. Balto. St.		25A. ADDRESS P. H. ...		25B. ...	

10-11-1944

53 2035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2035

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY P. DYBA

(DeBOE)

2. DATE
OF
DEATH

Feb. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

3-01

D. STREET ADDRESS (If rural, give location)

628 S. Bond Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 7, 1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. P. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 21, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 24-1953

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS

24D. LOCATION (City, town, or county)

1300 DUNDALK AVE BALTO, MD

DATE RECEIVED BY
LOCAL REGISTRAR

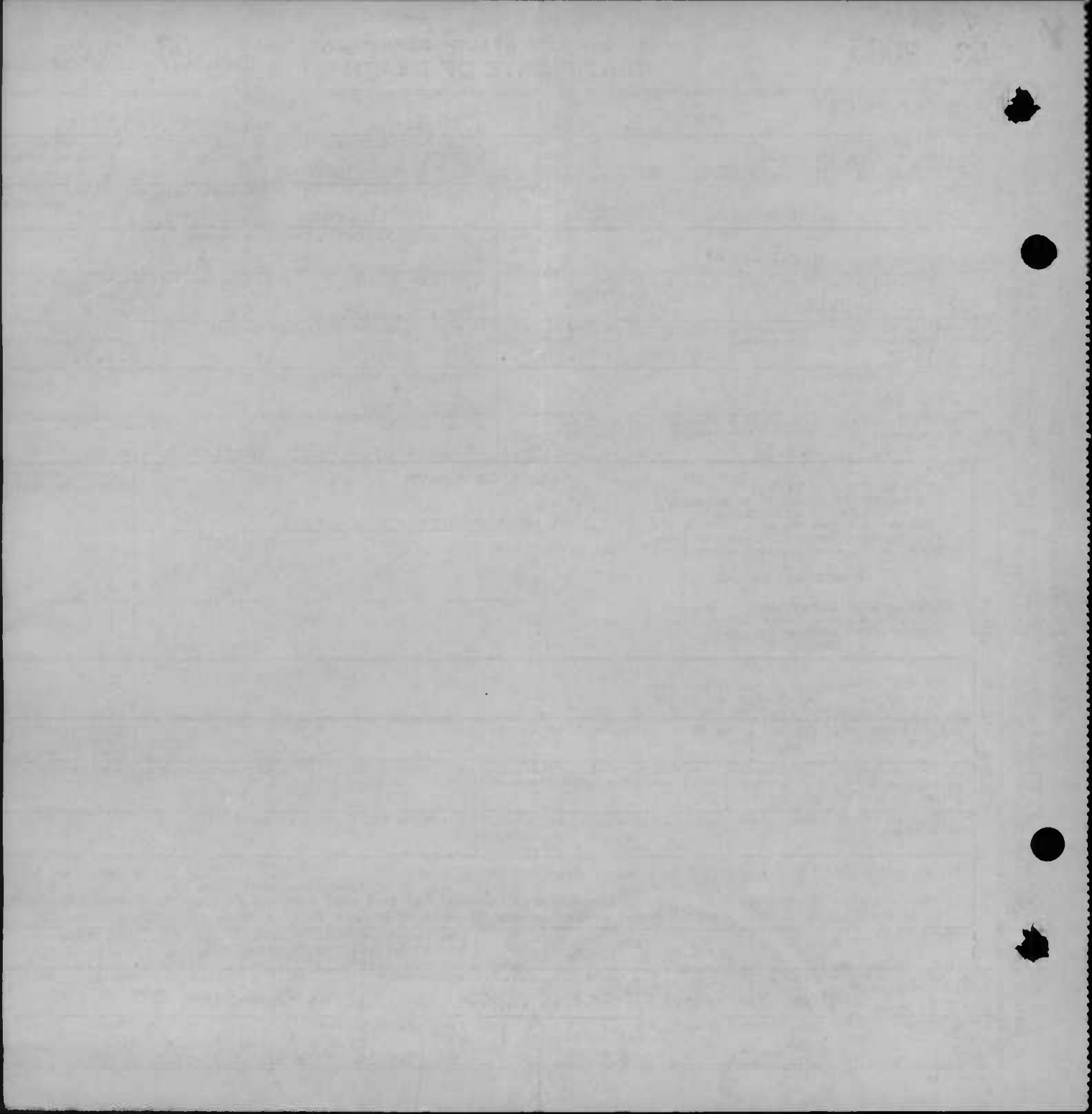
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 So. Penn St



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2036**
53 2036

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

ELIZABETH R. LINGAN

 2. DATE
OF
DEATH

FEB. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND
BALTO

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE
CATONSVILLE

D. STREET ADDRESS (If rural, give location)

46 RIDGE ROAD
5352

e. Length of stay in Baltimore

66 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 5, 1885

9. AGE (In years last birthday)

67 YRS

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

DAVID MC GOVERN

14. MOTHER'S MAIDEN NAME

ELIZABETH OLIVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
John E. Lingan, 46 Ridge Rd. Catonsville

 18. **572.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **DIVERTICULITIS & ABSCESS FORMATION**
2 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) _____
DUE TO _____
(C) _____

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative (7 days)

19A. DATE OF OPERATION

Feb. 14, 1953

19B. MAJOR FINDINGS OF OPERATION

Sigmoid enlarged & ulcerated

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **Feb. 12, 1953**, to **Feb. 21, 1953**, that I last saw the deceased alive on **Feb. 21, 1953**, and that death occurred at **1:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Ignacio M. Caner

M. D.

23B. ADDRESS

Dr. Henry Hospital

23C. DATE SIGNED

Feb. 21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 24/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry Whitely, 4101 Edmondson Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2037

BIRTH NO. 53 2037

1. NAME OF DECEASED (Type or Print) Elmer Justus			2. DATE OF DEATH Feb. 21/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 20-07		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 521 Normandy Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 521 Normandy Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1890	9. AGE (in years last birthday) 62	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Henry B. Gilpin Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Justus			14. MOTHER'S MAIDEN NAME Julia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Anna E. Justus, 521 Normandy Ave		

18. 463X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolus (A) DUE TO Thrombosis of Leg Veins			INTERVAL BETWEEN ONSET AND DEATH 5 minutes ? weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1941</u> to <u>Feb 24, 1953</u> that I last saw the deceased alive on <u>Nov 12, 1952</u> and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Leon Ashman</i>		23B. ADDRESS 1251 Pylar Lane St	23C. DATE SIGNED 2-23-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 24/53	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1953	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>Harry Thuitje</i>	ADDRESS 4101 Edmondson Ave.

UNITED STATES DEPARTMENT OF HEALTH
OFFICE OF THE ATTORNEY GENERAL

Two

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 2038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2038
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES STEWART CRUIKSHANK

2. DATE
OF
DEATH

FEB 22, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) U.S. PUBLIC HEALTH SERVICE HOSPITAL

BALTIMORE, MD.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

15-48

c. Length of stay in Baltimore

45-Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2209 ALLENDALE ROAD

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 1, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrical Engineer

10B. KIND OF BUSINESS OR INDUSTRY

GAS & Elec Co.

11. BIRTHPLACE (State or foreign country)

Boston - MASS

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

DAVID CRUIKSHANK

14. MOTHER'S MAIDEN NAME

HELEN STEWART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

STEWART CRUIKSHANK 2308 Chelsea Terrace

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) BRONCHOPNEUMONIA, BILATERAL

Approx 2 DA.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

BENIGN PROSTATIC HYPERTROPHY

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 21, 1953 to Feb 22, 1953 that I last saw the deceased alive on Feb 22, 1953, and that death occurred at 12:31 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James J. Callaway

23B. ADDRESS

USPHS Hospital Balto, Md Feb 22, 1953

23C. DATE SIGNED

Feb 22, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-25-1953

24C. NAME OF CEMETERY OR CREMATORY

Quind Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Howard Strong 3207 W. North Ave

ADDRESS

5-400

53 2039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2039

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lydia W. Sewell

2. DATE
OF
DEATH

2/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4316 Berger Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-01

c. Length of stay in Baltimore

3 mo.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4316 Berger Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 17, 1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Denny Williams

14. MOTHER'S MAIDEN NAME

Anna E. Holtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. F.S. Brandon, 4316 Berger Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic - Hypertensive
Cardiovascular Disease.

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to February 23, 1953, that I last saw the
deceased alive on April 27, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank Supple III

M. D.

23B. ADDRESS

1014 St Paul St.

23C. DATE SIGNED

Feb 23, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Olivet

24D. LOCATION (City, town, or county)

St Michaels, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hamilton Harrison, St Michaels, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and fully.

CONFIDENTIAL

CONFIDENTIAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2040

Registered No.

53 2040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry T. Moore

2. DATE
OF
DEATH

2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

W. Balto. Gen. Hospital

25yrs.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

D. STREET ADDRESS (If rural, give location)

1930 W. Saratoga Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 7, 1890

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Accountant U. S. Gov.

11. BIRTHPLACE (State or foreign country)

Seaford, Del.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William T. Moore

14. MOTHER'S MAIDEN NAME

Mollie Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoowo) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. H. T. Moore, Balto., Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Pulmonary Edema

2 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

A. S. C. V. D. —

2 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1951, to Feb. 18, 1953, that I last saw the
deceased alive on Feb. 18, 1953, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

2/23/53

Hillcrest Cem.

Federalsburg, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

Huntington

Harry Williams

Federalsburg, Md.

VS 150

00091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0102 2010

22

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

22 2010

DATE OF DEATH

DECEASED

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

DATE OF EXAMINATION

PLACE OF EXAMINATION

SIGNATURE OF PHYSICIAN

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

REMARKS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2041

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. MONTGOMERY

2. DATE
OF DEATH Feb. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland none

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2508 N. Calvert St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

2508 N. Calvert St.

c. Length of stay in Baltimore

64 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 4, 1886

9. AGE (In years last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Advertising

11. BIRTHPLACE (State or foreign country)

N. J.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William

Montgomery

14. MOTHER'S MAIDEN NAME

Sarah Martien

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wallace Montgomery 2508 N. Calvert St

18.

581.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Gas - two In Testinal Membrane
Cerebral Liver
Hypertension
Alcoholism24 hrs
Gradual
"
"

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1959 to Feb 23, 1953 that I last saw the deceased alive on 2-22-1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1403 Park Ave.

23C. DATE SIGNED

2-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John G. Mitchell & Sons, Inc. 1900 Eutaw Place

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

RECEIVED
JAN 10 1901

STATE OF NEW YORK

IN SENATE,
JANUARY 10, 1901.
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE,
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE,
MAY 1, 1899.

ALBANY, N. Y.:
JANUARY 10, 1901.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-432
53 2042BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2042

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADA R. FETTING WALTZ

2. DATE
OF
DEATH

Feb. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Gattis Nursing Home
218 Ridgewood Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonsville

28-04

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

510 Old Orchard Road

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 14, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Anton H. Fetting

14. MOTHER'S MAIDEN NAME

Eleanor Reiber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Anton F. Waltz - 37 Birch St., Port Wash
L.I., N.Y.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerosis, Cardio-vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to Feb. 21, 1953, that I last saw the
deceased alive on Feb. 21, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Charles Laughlin

M. D.

23B. ADDRESS

4508 Edmondson Ave.

23C. DATE SIGNED

2 - 23 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2 - 24 - 53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John G. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 150

JMB Mitchell

STATEMENT OF THE DEPARTMENT OF HEALTH

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OF HEALTH

324
MAF - 119212
53 2043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2043
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Poetzl

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

Balto. City Hospitals, 4940 Eastern Ave.

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 7, 1878

9. AGE (in years last birthday)

74

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bernard Poetzl

14. MOTHER'S MAIDEN NAME

Mary Lorenz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriolosclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-26, 1948, to 2-18, 1953, that I last saw the deceased alive on 2-18, 1953, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

M. D. 4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED
Feb. 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2 - 23 - 53

24C. NAME OF CEMETERY OR CREMATORY

Govans Presbyterian

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Sons 1900 Cutaw Place

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH - DEPARTMENT

DEATH CERTIFICATE

STATE OF CALIFORNIA

County of Santa Clara

Dec 10, 1917

Name of Deceased

John William Smith

Age

45 years

Sex

Male

Color

White

Marital Status

Single

Occupation

Farmer

Place of Birth

San Francisco, California

Date of Death

Dec 10, 1917

Time of Death

10:30 A.M.

Place of Death

Home, Santa Clara County, California

Cause of Death

Heart Disease

Manner of Death

Natural

Signature of Physician

John Doe, M.D.

Signature of Registrar

John Doe, Registrar

Signature of Coroner

John Doe, Coroner

Signature of Witness

John Doe, Witness

Signature of Deceased

John Doe, Deceased

Signature of Family

John Doe, Family

Signature of Minister

John Doe, Minister

Signature of Burial

John Doe, Burial

Signature of Interment

John Doe, Interment

H 156
53 2044BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2044

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James C HAVENER

2. DATE
OF
DEATH

2/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Mercy Hosp.

C. Length of stay in Baltimore

3 mo

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
2-22-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



E-326

53 2045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2045

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Gail Edgar

2. DATE
OF
DEATH

Feb. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give town(ship))

D. STREET ADDRESS (if rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 20, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James D. Edgar

14. MOTHER'S MAIDEN NAME

Mary J. Henderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953 to Feb. 23, 1953, that I last saw the
deceased alive on Feb. 23, 1953, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Richelderfer

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 23, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

Feb 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Georges Island ME

24D. LOCATION (City, town, or county)

St. Georges Island Md.

25. FUNERAL DIRECTOR

Jas. C. Mattingley

ADDRESS

Pleasanttown, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1912

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[Faint, illegible handwritten text follows, likely containing personal and medical details.]

53 2046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2046

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Earl L. Buckley

DATE
OF
DEATH

Feb. 23, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Union Bridge -

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

5 Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-12-94

9. AGE (In years last birthday)

59

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR INDUSTRY

hardware

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George P. Buckley (M)

14. MOTHER'S MAIDEN NAME

Annie E. Hoag

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

216-03-6416

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

8 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY THROMBOSIS

8 DAYS

DUE TO

(C) CORONARY ARTERIO SCLEROSIS

—

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CONGESTIVE HYPERTENSION WITH + HEART FAILURE

10 YRS. 6 MOS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1953, to Feb. 23, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Sexton

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Pope Creek Cmn.

24D. LOCATION (City, town, or county)

Carroll County, Md

DATE RECEIVED BY LOCAL REGISTRAR

ER 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

D. D. Hartley & Sons

ADDRESS

2906N Union Bridge New Windsor Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IVAS RAQUCKAS

2. DATE
OF
DEATH

Feb-21-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1628 CHERRY ST- (CURTIS BAY) MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE (CURTIS BAY)

D. STREET ADDRESS (If rural, give location)

1628 CHERRY ST.

c. Length of stay in Baltimore

49 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 25, 1879

9. AGE (In years, last birthday)

73

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR INDUSTRY

COAT-MAKER

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-01-8705

17. INFORMANT

ADDRESS

ANNA RAQUCKAS 1628 Cherry St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

HYPERTENSIVE C.V. DISEASE

(C) DUE TO

Arterio-sclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1953, to Feb. 21, 1953, that I last saw the deceased alive on Feb. 21, 1953, and that death occurred at m. from the causes and on the date stated above.

23A. SIGNATURE

Paul Rubin

M. D.

23B. ADDRESS

720 Davenport Ave

23C. DATE SIGNED

4/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 24/53

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

RICHIE HGW. BALTO MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

CHARLES W. KACHUSKAS 703 McHENRY ST.

VS 150

59046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

for Dr. Valerius
B. adge 1814
B. adge 1814

100
87930

~~Rel~~
~~1844~~

9
H2 1-430

CG-166339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2048
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Johnson

2. DATE
OF
DEATH

Feb. 21, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Baltimore City Hospitals
4940 Eastern Ave.,C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1329 N. Calhoun St.,

c. Length of stay in Baltimore

68 Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 2, 1884

9. AGE (In years
last birthday)

68 Yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Johnson

14. MOTHER'S MAIDEN NAME

Harriet Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore, City Hospitals
4940 Eastern Ave.,

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1952 to 2-21, 1953, that I last saw the
deceased alive on 2-21, 1953, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave.,

23C. DATE SIGNED

2-21-53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)Burial
FEB 24 1953

24B. DATE

Feb. 26-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Brooks Puggold 1463 N. Carey

ADDRESS

CERTIFICATE OF DEATH

SALT LAKE CITY HEALTH DEPARTMENT

1-11-1918

NAME (PRINTED)

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

TESTS

TREATMENT

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2049

Registered No.

53 2049

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN F. SPERLEIN

2. DATE
OF
DEATH

FEB. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3206 Reuckert Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3206 Reuckert Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 23, 1868

9. AGE (in years last birthday)

84

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Silk Salesman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Sperlein

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Sperlein, 3206 Reuckert

18. 422.2 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis (Infected)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10, 1952, to 2/22, 1953, that I last saw the deceased alive on 2/22, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

Huntington

Edward E. Ruck, 5305 Harford Road.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11

Dr. Golley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEILAND

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

 53 2050
 Registered No.

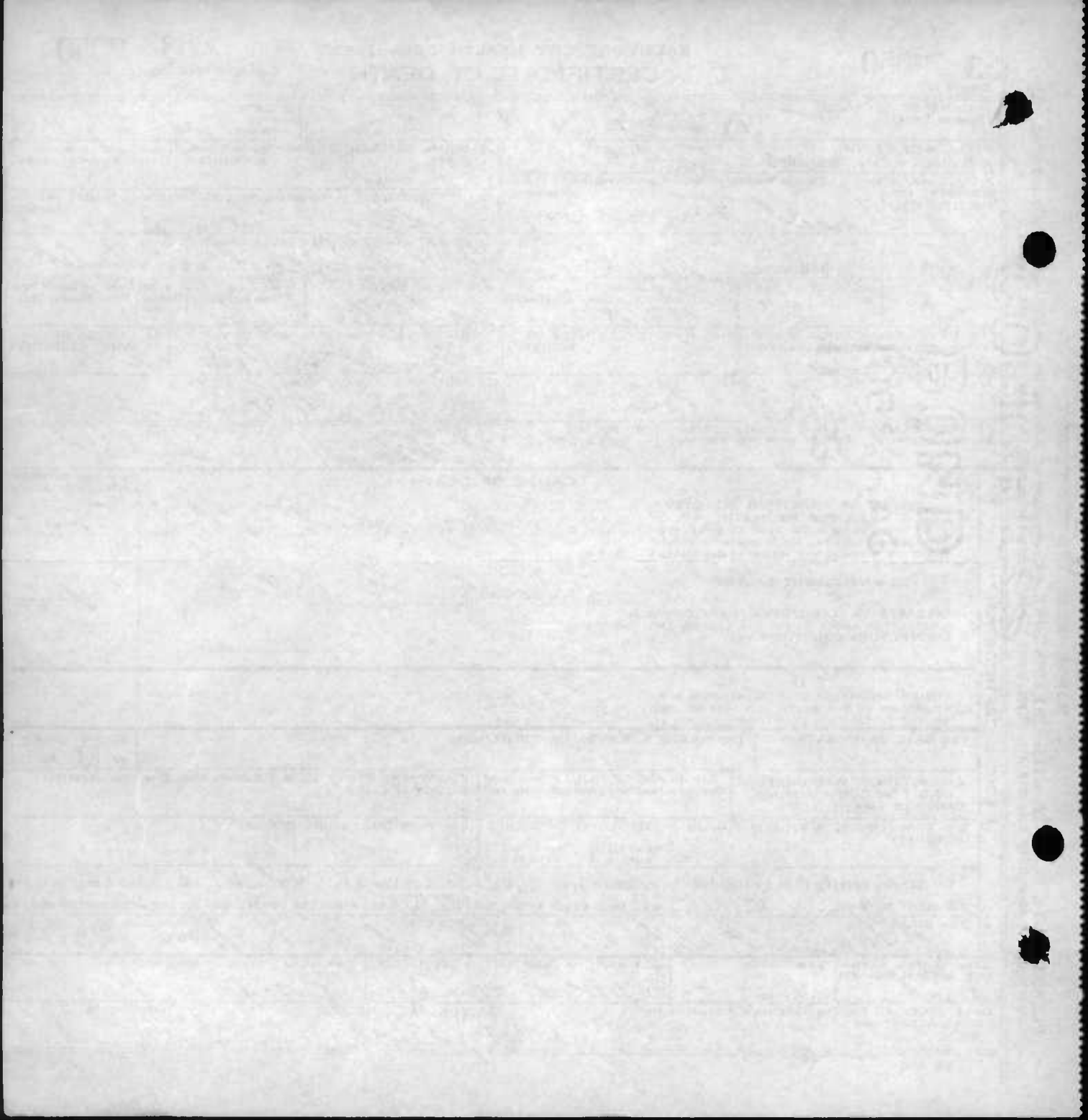
 53 2050
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN O. SEILAND SR.			2. DATE OF DEATH Feb 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 15-13		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 34 Church Home & Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt		
c. Length of stay in Baltimore life Yrs. life Mos. life Days life			D. STREET ADDRESS (If rural, give location) 2916 Shirley Ave. Balt.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept. 8, 1888	9. AGE (In years last birthday) 64	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balt - Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME SEILAND - Ola			14. MOTHER'S MAIDEN NAME PAS, Marie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Richard, 2916 Shirley Ave.		

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	(A) Pyloric obstruction	3 weeks	
	DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Duodenal ulcer		3 years
	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 6, 1953 to Feb 23, 1953 , that I last saw the deceased alive on Feb 23, 1953 and that death occurred at 7:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William K. Wolf		23B. ADDRESS Church Home & Hosp		23C. DATE SIGNED Feb 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-25-53		24C. NAME OF CEMETERY OR CREMATORY OAKLAWN Cem.	
24D. LOCATION (City, town, or county) (State) BALTO Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 5305 Harford Rd	
DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1953		VS 150			

51524



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2051
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Percy Elkins

2. DATE
OF
DEATH

Feb. 20-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

117 Perry Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

S. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 16, 1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Horace Elkins

14. MOTHER'S MAIDEN NAME

Lizzie Gaines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Ave. (records)

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Stomach with metastases

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) of Liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13-1953, to 2-20-1953 that I last saw the
deceased alive on 2-20-1953, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Jones

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2052
Registered No.

BIRTH NO. 53 2052

1. NAME OF DECEASED
(Type or Print)

James Russ (Hubbard)

2. DATE
OF
DEATH

2-21-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

719 N. Arlington Ave. (Carlton Ave.)

C. Length of stay in Baltimore

50yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 1-1888

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Russ

14. MOTHER'S MAIDEN NAME

Martha Norris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

218-16-1348

17. INFORMATION Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 205X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mycosis Fungoides-Lympho Sarcoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-1953 to 2-21-1953 that I last saw the deceased alive on 2-21-1953, and that death occurred at 8:35 PM., from the causes and on the date stated above.

23A. SIGNATURE

H. J. P. Russell

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-22-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-26-53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

VS 150

1303 Prestman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2053

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from Sept. 16, 1951, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2054

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Paul Paul Blamciewicz*2. DATE
OF
DEATH*Feb 21, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**2-03*

D. STREET ADDRESS (If rural, give location)

725 S. Bond St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*6-24-1890*9. AGE (In years
last birthday)*63*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

*Poland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Blamciewicz

14. MOTHER'S MAIDEN NAME

*No record*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *151X*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinomatosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*Months*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

Jan 28, 53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-16*, 19*53*, to *2-21*, 19*53*, that I last saw the deceased alive on *2-21*, 19*53* and that death occurred at *8:00 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Harold Kay, M.D.

23B. ADDRESS

23C. DATE SIGNED

*2-22-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Feb 25/53

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*EB 24 1053*

REGISTRAR'S SIGNATURE

Huntington E. Blum

25. FUNERAL DIRECTOR

Fred M. Ozagowski

ADDRESS

1930 Eastern Ave

CERTIFICATE OF DEATH

DATE OF DEATH: 1968 10 10

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2055

BIRTH NO. 153 2055

1. NAME OF DECEASED
(Type or Print)

Stella Iwanowski EVANS

2. DATE OF DEATH FEB 21 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1-03

D. STREET ADDRESS (If rural, give location)
2522 Foster Ave

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Walter Szymanski

14. MOTHER'S MAIDEN NAME
Anna B. Ochonowicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
JOHNS HOPKINS HOSPITAL
Anthony Iwanowski

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO
Cerebral Thrombosis

2/21/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Hypertensive Cardia
Vascular Disease

July 1, 52
July 1, 52

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12:10 AM 2-21-1953 to 12:25 AM 2-21-53 that I last saw the deceased alive on 2-21-1953 and that death occurred at 12:25 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, Jr. 1930 Eastern Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200-20

SECTION OF HEALTH DEPARTMENT
OFFICE OF HEALTH

24-11-1918

M.

24-11-1918
24-11-1918

24

SECTION OF HEALTH DEPARTMENT
OFFICE OF HEALTH

SECTION OF HEALTH DEPARTMENT
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SECTION OF HEALTH DEPARTMENT
OFFICE OF HEALTH

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVE

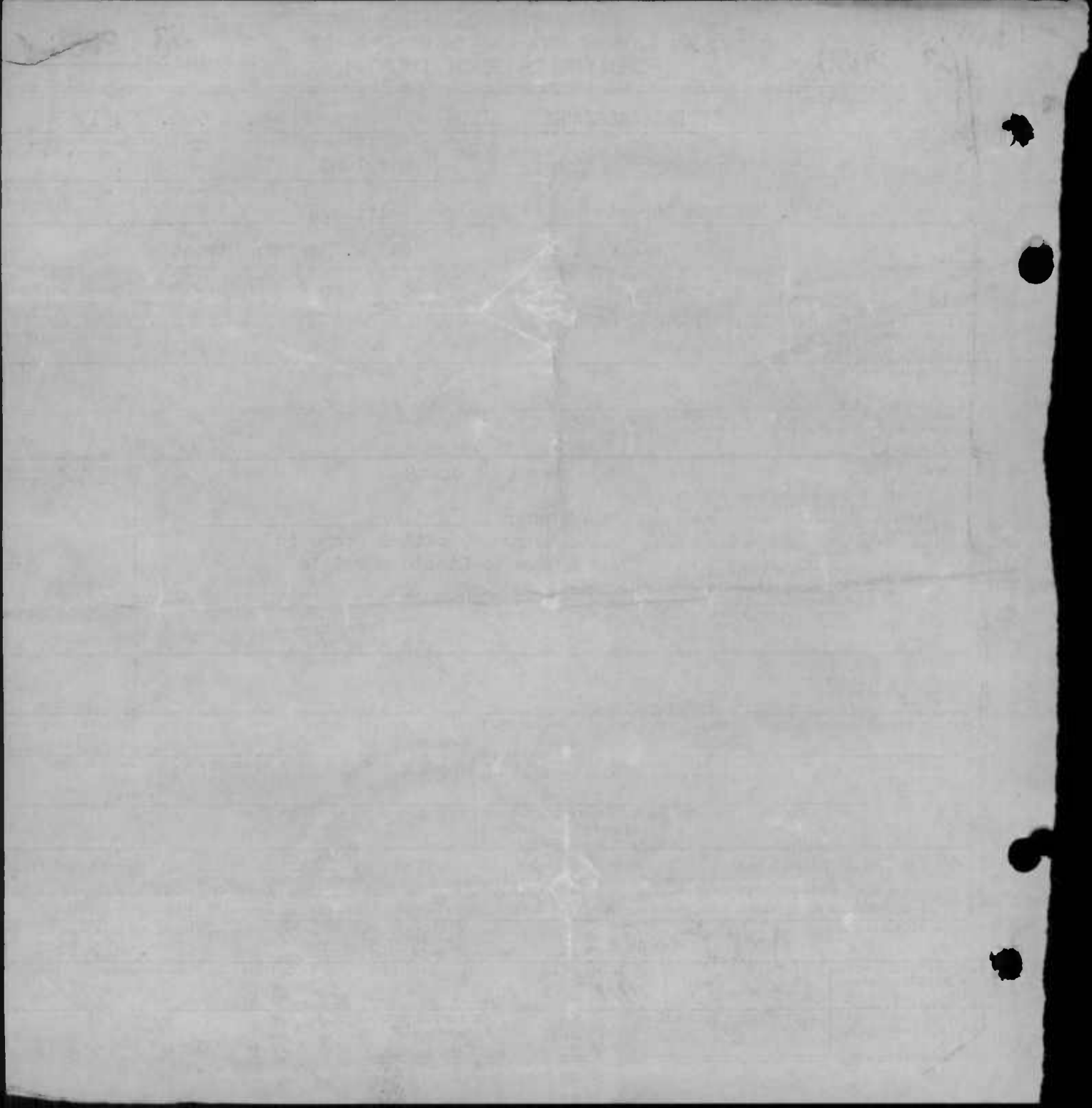
MEDICAL CERTIFICATION

H-400
53 2056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2056
Registered No.

1. NAME OF DECEASED (Type or Print)		ROBERT ALEXANDER HILL		2. DATE OF DEATH Feb. 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>611 W. Hoffman Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>611 W. Hoffman Street</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-9-1900</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chamberman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>James W. Hill</i>		14. MOTHER'S MAIDEN NAME <i>Mary Grass</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Nellie Hill</i>	
18. <i>023X</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Myocardial failure</i>			
DUE TO		<i>Coronary ostial stenosis due to Luetic aortitis</i>			
ANTECEDENT CAUSES		(B)			
DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>Feb. 21, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-24-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. Auburn Cem Baltimore Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Md</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, 1155 William St Baltimore</i>		24F. ADDRESS <i>916 Jackson Park</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

13-656

53 2057		BALTIMORE CITY HEALTH DEPARTMENT		53 2057	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH			
MARY E. BARNHART		2-22-53			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		B. COUNTY	
3007 GARRISON BLVD		Md		15-38	
c. Length of stay in Baltimore		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
53		BALTIMORE			
6. SEX		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
FEMALE		MARRIED		3-7-1889	
9. COLOR OR RACE		10. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)	
White		HOUSE WIFE		63	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Washington D.C.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
ISRAEL Appleby		MARY B. HABBERSETT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No		NONE		WILBUR H. BARNHART	
18. 157X		CAUSE OF DEATH		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intestinal Obstruction		3 wks	
DUE TO		(B) Carcinoma head of pancreas		1 yr	
DUE TO		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 10, 1952, to Feb 21, 1953 that I last saw the deceased alive on Feb 21, 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
2/23/53		Burial		2-25-53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR	
HOUNGON PARK		BALTO MD		Pratt & Stricker & S	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
2-24-1953		Huntington		Pratt & Stricker & S	
VS 150					

53 2058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2058

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID BERGHEIMER

2. DATE
OF
DEATH

2-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

919 West North Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-01

D. STREET ADDRESS (If rural, give location)

919 West North Ave

c. Length of stay in Baltimore

11

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Cattle Dealer

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gustave

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Max Bergheimer - Same

18. 332x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

weeks

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/17/53 to 2/22/1953 that I last saw the deceased alive on 2/22/1953, and that death occurred at 1200 m., from the causes and on the date stated above.

23A. SIGNATURE

R. Weinberger

M. D.

23B. ADDRESS

912 Brooklyn Lane

23C. DATE SIGNED

2/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-24-53

24C. NAME OF CEMETERY OR CREMATORY

Cheverre Ahavas

24D. LOCATION (City, town, or county) (State)

Randallstown Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutaw Pl

Weinberger
912 Brooks Road
Wla 2001

BALTIMORE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

88-200

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

CAUSE OF DEATH

21

THIS CERTIFICATE IS VALID FOR USE ONLY IF IT IS
FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2059
Registered No. 2059

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) POA

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County 27-19

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 5715 Narcissus Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME

HERBERT ARZT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Male

5. Color or race

White

6 (a) Single, married, widowed, or divorced

married

6 (b) Name of husband or wife

POA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 16, 1884

8. AGE: Years Months Days If less than one day

67 hr. min.

9. Birthplace Phil Pa. (Town, county, and state)

10. Usual Occupation mfg. Agent

11. Industry or business (w)

12. Name Henry Arzt

13. Birthplace Germany

14. Maiden Name Amelia

15. Birthplace Germany

16 (a) Informant Francis R. Arzt

(b) Address 2532 W. Cold Spring Lane

17 (a) Burial (b) Date thereof 2-25-1953

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Jack Leurs Inc

(b) Address 2100 Eulan Pl.

19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1953, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

CORONARY ARTERY SCLEROSIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature R. J. Fisher M.D.

Date signed 2/23/53 Medical Examiner. ✓

RECEIVED

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

53 2060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2060

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			MARGARET GRACE RASMUSSEN			2/23/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 40 E. Cross St.						4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION						A. STATE Md.		
(If not in hospital or institution, give street address or location)						B. COUNTY 24-03		
C. Length of stay in Baltimore						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location)		
Baltimore								
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 2/1/1906		9. AGE (In years last birthday) 47		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Clarence E. Harrison				14. MOTHER'S MAIDEN NAME Florence A. Grace				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Family - Same		ADDRESS		
18. 195X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH Carotia Body Tumor (right) DUE TO Carcinoma (B) DUE TO Left Hemiplegia (C) metastase to lungs			INTERVAL BETWEEN ONSET AND DEATH 2 year 2 yrs 2 mos.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.								
19A. DATE OF OPERATION 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Carotid Body Tumor				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1950, 19, to Feb 23, 1953, that I last saw the deceased alive on 2/23/53, and that death occurred at 6A m., from the causes and on the date stated above.								
23A. SIGNATURE Isaac Miller				23B. ADDRESS 1225 William St.		23C. DATE SIGNED 2/23/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 2/26/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1953				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Avenue		

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. GOVERNMENT PRINTING OFFICE: 1969

10-7071-1



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-2061

53-2061

1. NAME OF DECEASED
(Type or Print)

SIDNEY E. ROBERTS

2. DATE
OF
DEATH

2/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

S. B. B. N.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baito 24-04

D. STREET ADDRESS (If rural, give location)

1517 Light St

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

1.15.85

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ENGINEER

10B. KIND OF BUSINESS OR
INDUSTRY

PROX

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Telex

14. MOTHER'S MAIDEN NAME

Sadoka Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CORONARY SCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
2-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B.

24B. DATE

2.24.53

24C. NAME OF CEMETERY OR CREMATORY

Louisa OK

24D. LOCATION (City, town, or county) (State)

Baito.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

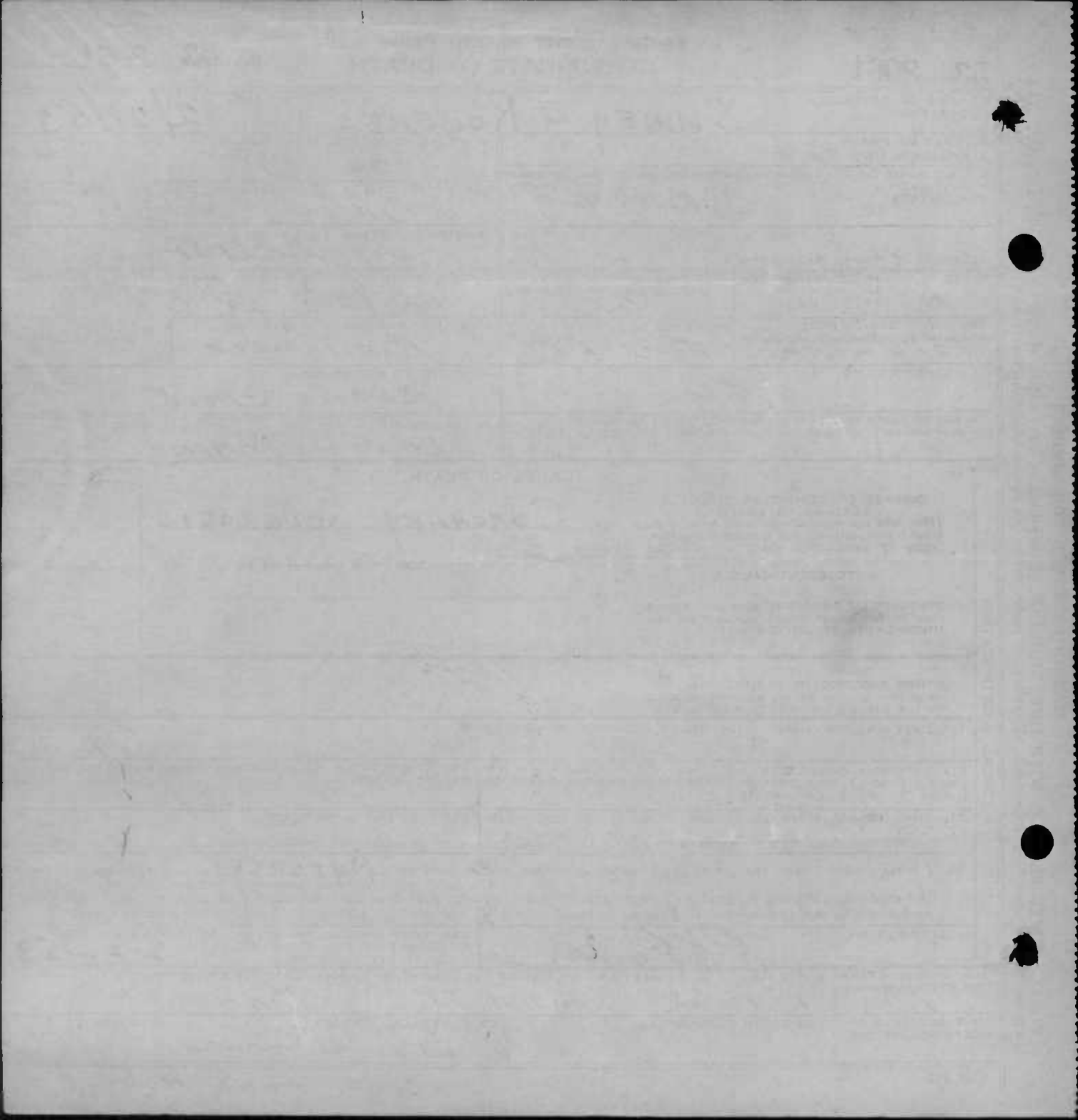
19530

25. FUNERAL DIRECTOR

Geo. L. L. L.

ADDRESS

54150 130 E. Fort Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 2062

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith M. Lloyd

2. DATE
OF
DEATH

February 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Pennsylvania

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONMelchor Nursing Home
2327 N. Charles StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Philadelphia

D. STREET ADDRESS (If rural, give location)

2107 Pine Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

January 4, 1875

9. AGE (In years,
last birthday)

78

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert M. Parker

14. MOTHER'S MAIDEN NAME

Frances Borden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. Woolsey Brathwait, Ruxton, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 da

1 da

General debility from Hemiplegia + Hypertension 1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to Feb. 23, 1953, that I last saw the
deceased alive on Feb. 22, 1953, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Carr Jr.

M. D.

23B. ADDRESS

6007 York Rd

23C. DATE SIGNED

2/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

St. David's Church Cemetery Radnor, Pennsylvania

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Whitehead, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.,

1217 St. Paul Street

STATE OF OHIO

IN SENATE

1892

1892



53 2063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2063
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie V. Brown

2. DATE
OF
DEATH

2/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

311 Cathedral St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

4-01

D. STREET ADDRESS (If rural, give location)

311 Cathedral St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/4/1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months Days Hours Min.

11 18

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Sudlersville Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph B. Sparks

14. MOTHER'S MAIDEN NAME

Sarah R. Walls

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Frank B. Sparks 5907 Chestnut St. Phila.

ADDRESS

18. 492X

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Heart failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hour -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Typhoid infection upper respiratory

DUE TO

18 days -

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1953, to 2/22, 1953, that I last saw the deceased alive on 2/21, 1953, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry D. McPartey

M. D.

23B. ADDRESS

37 W. Preston St.

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

Sudlersville

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. C. McKee 1217 St. Paul St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED
MARTIN LUTHER KING, JR.
AGE
35
SEX
Male
RACE
Negro
DATE OF DEATH
4/4/68
PLACE OF DEATH
Memphis, Tennessee
CAUSE OF DEATH
Assault
Manner of Death
Homicide
Occupation
Minister of the Gospel
Usual Residence
Memphis, Tennessee
Signature of Physician
J. Edgar Hoover
Signature of Medical Examiner
J. Edgar Hoover
Signature of Coroner
J. Edgar Hoover
Signature of Registrar
J. Edgar Hoover

DATE OF BIRTH
4/4/33
PLACE OF BIRTH
Memphis, Tennessee
MARRIAGE
None
PREVIOUS DEATHS
None
SIGNATURE OF DECEASED
None
SIGNATURE OF NEXT OF KIN
None
SIGNATURE OF WITNESSES
None
SIGNATURE OF REGISTRAR
J. Edgar Hoover

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2064
Registered No.53 2064
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Baby boy Vitek

2. DATE
OF
DEATH

2/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 8-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1212 Potomac St.

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/21/53

9. AGE (in years
last birthday)If Under 1 Year
Months: Days: Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Vitek

14. MOTHER'S MAIDEN NAME

Janet Kacoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war nr dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Joseph Vitek 1212 N. Potomac St

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity - Atelectasis

ANTECEDENT CAUSES

(B)

DUE TO

Cardiac resp. failure

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in nr
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 2/21, 1953 to 2/23, 1953 that I last saw the
deceased alive on 2/23, 1953, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lorraine W. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

2/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/24/53

Lorraine

Balt. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

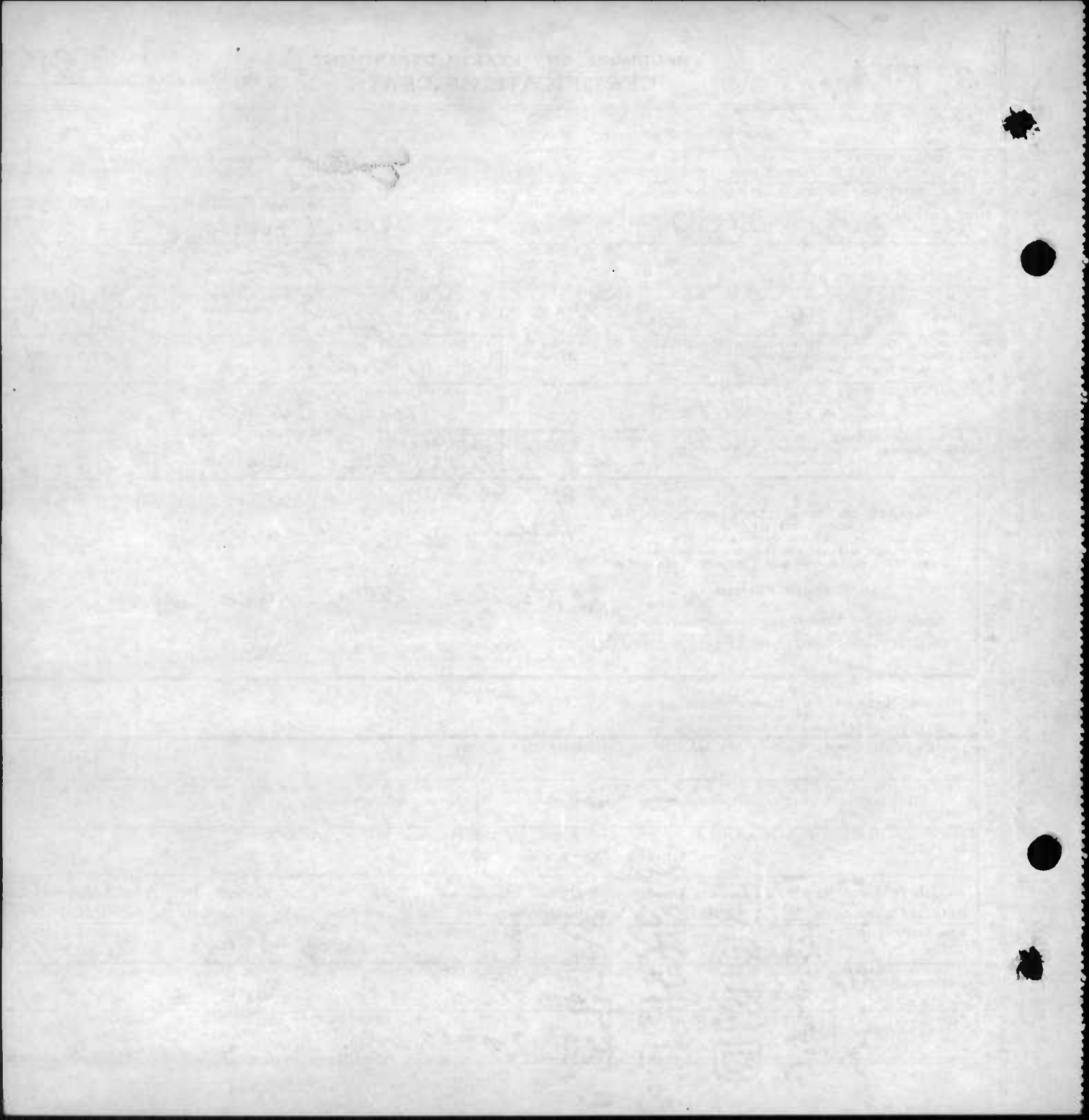
25. FUNERAL DIRECTOR

ADDRESS

24 1953

Huntington Williams, M.D.

Wm Bok Inc. 1217 St. Paul St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2065
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Rehberger</i>			2. DATE OF DEATH <i>February 20, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Thayer</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-44</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>3222 Eversgreen Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-21-98</i>		9. AGE (In years last birthday) <i>54</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>BALTIMORE - Md.</i>
13. FATHER'S NAME <i>WM OTIS SPAMER</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Ludloff</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>203X</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>4-5 yr?</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Multiple myeloma</i>		
(A) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pathological Fractures of both hips</i>		

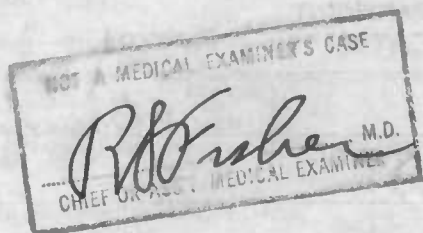
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <i>Home and hospital</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Pathological fractures due to tumor</i>		
22. I hereby certify that I attended the deceased from <i>10-27</i> , 1952, to <i>2-20</i> , 1953, that I last saw the deceased alive on <i>2-20</i> , 1953, and that death occurred at <i>9:28</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Dur Pratt</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Feb. 21, 1953</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-24-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS <i>L. J. Kueck 5305 Hayford Rd</i>	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

53 2066

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EMANUEL Green

2. DATE
OF
DEATH

2-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore city, Md.*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Florida* B. COUNTY *Maryland Anne Arundel*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Glen Burnie

D. STREET ADDRESS (If rural, give location)
359 Marley Station Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

4-14-1877

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Green

14. MOTHER'S MAIDEN NAME

Alice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

wife 359 Marley Station Glen Burnie

18. *491X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Heart failure*

DUE TO

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Broncho pneumonia*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-22*, 19*53* to *2-23*, 19*53*, that I last saw the deceased alive on *2-23*, 19*53*, and that death occurred at *5 A* m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Schimmel

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

2-23-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Hampden

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck, 3617 Chestnut Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 24 1953

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

[Illegible text follows in several paragraphs, mostly obscured by noise and bleed-through.]

Very truly yours,

[Illegible Signature]

[Illegible Title]

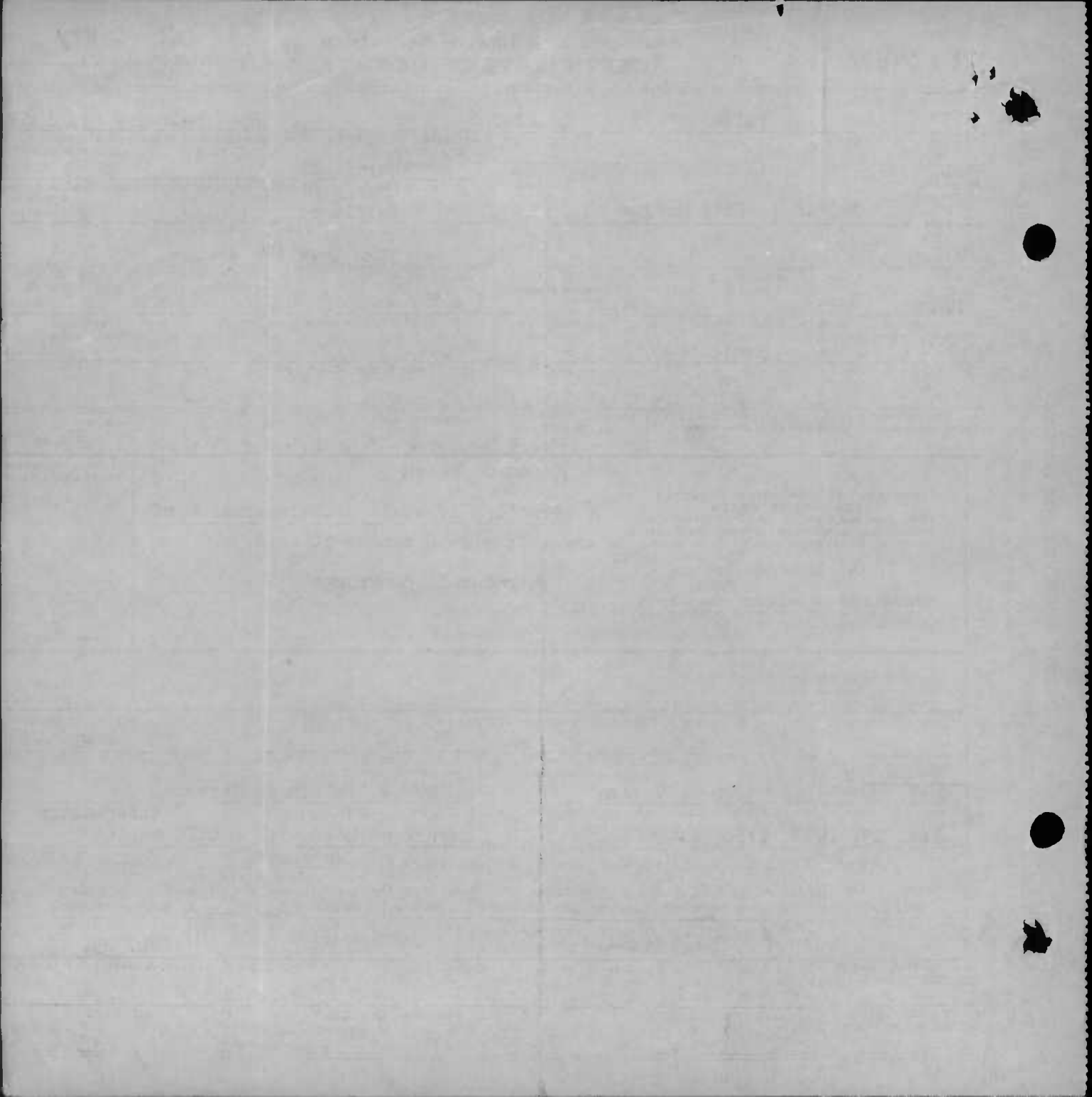


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2067
Registered No.

53 2067

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ALBERT R. LARRIMORE		2. DATE OF DEATH February 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3422 Levertown Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 26, 1919	9. AGE (In years last birthday) 33	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MATERIAL HANDLER		10B. KIND OF BUSINESS OR INDUSTRY CROWN CORK & SEAL		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
13. FATHER'S NAME RAYMOND A. LARRIMORE		14. MOTHER'S MAIDEN NAME AGNES DECKKA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) VE		16. SOCIAL SECURITY NO. 218-10-7017		17. INFORMANT GERALDINE LARRIMORE	
15. (If yes, give war or dates of service) WW 2		17. ADDRESS SAME			
18. E982X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Fracture of skull with laceration of xxxxx left middle meningeal artery			
ANTECEDENT CAUSES		(B) Extradural hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Tavern		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 896 W. Baltimore Street	
21D. TIME (Month) (Day) (Year) (Hour) Feb. 23, 1953 1:30 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? altercation Struck on head with bottle during	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-26-53		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L	
24D. LOCATION (City, town, or county) BALTO. MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Mildred J. Blight 6009 Kays Rd	
24F. REGISTRAR'S SIGNATURE		24G. ADDRESS			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X 53 2068
Registered No. _____

BIRTH NO. 93-05011

1. NAME OF DECEASED
(Type or Print)

BABY GIRL HANSON

2. DATE
OF
DEATH

2-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

women of Maryland

Baltimore, Md

C. Length of stay in Baltimore

1 da

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md

Harford

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Edgewood

6200

D. STREET ADDRESS (If rural, give location)

Trumble Road

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-22-53

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

23 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

0

10B. KIND OF BUSINESS OR

INDUSTRY

0

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Colven Earl Hanson

14. MOTHER'S MAIDEN NAME

Lillian Marie Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

0

(If yes, give war or dates of service)

0

16. SOCIAL

SECURITY NO.

0

17. INFORMANT

Mother

ADDRESS

Edgewood, Md.

18. **762.5**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Immaturity

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

23 hours

29 min

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

0

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-22**, 19**53**, to **2-23**, 19**53**, that I last saw the deceased alive on **2-23**, 19**53** and that death occurred at **4:00** a. m., from the causes and on the date stated above.

23A. SIGNATURE

Elizabeth Acton, M. D.

M. D.

23B. ADDRESS

700 Cathedral St

23C. DATE SIGNED

2/23/53

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 25, 1953

24C. NAME OF CEMETERY OR CREMATORY

Bel Air Memorial Park

24D. LOCATION (City, town, or county)

Bel Air, Harford Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard K. McCrossin, Sr.

ADDRESS

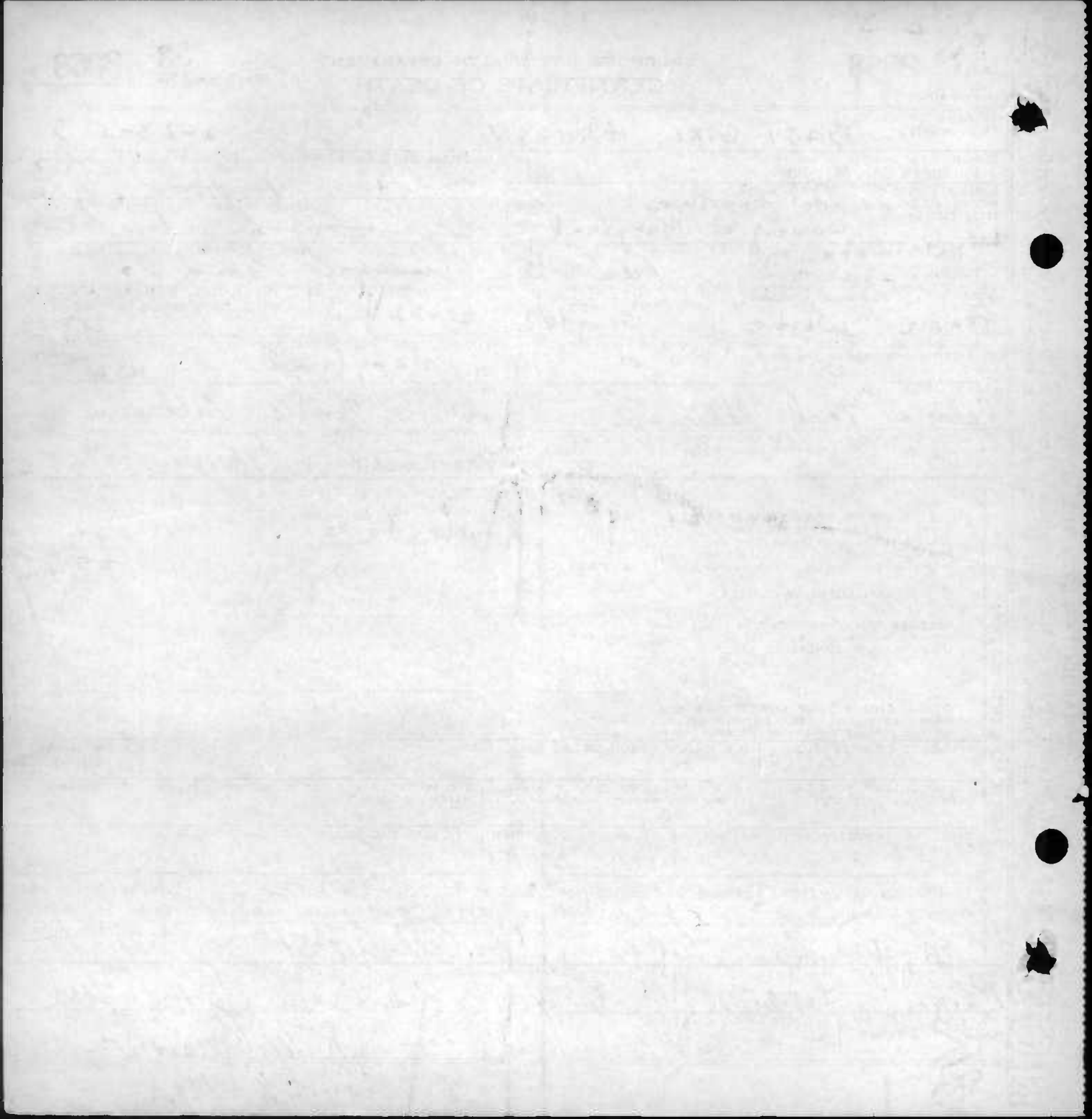
Abingdon Md

FEB 24 1953

vs. 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct & signs especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-530

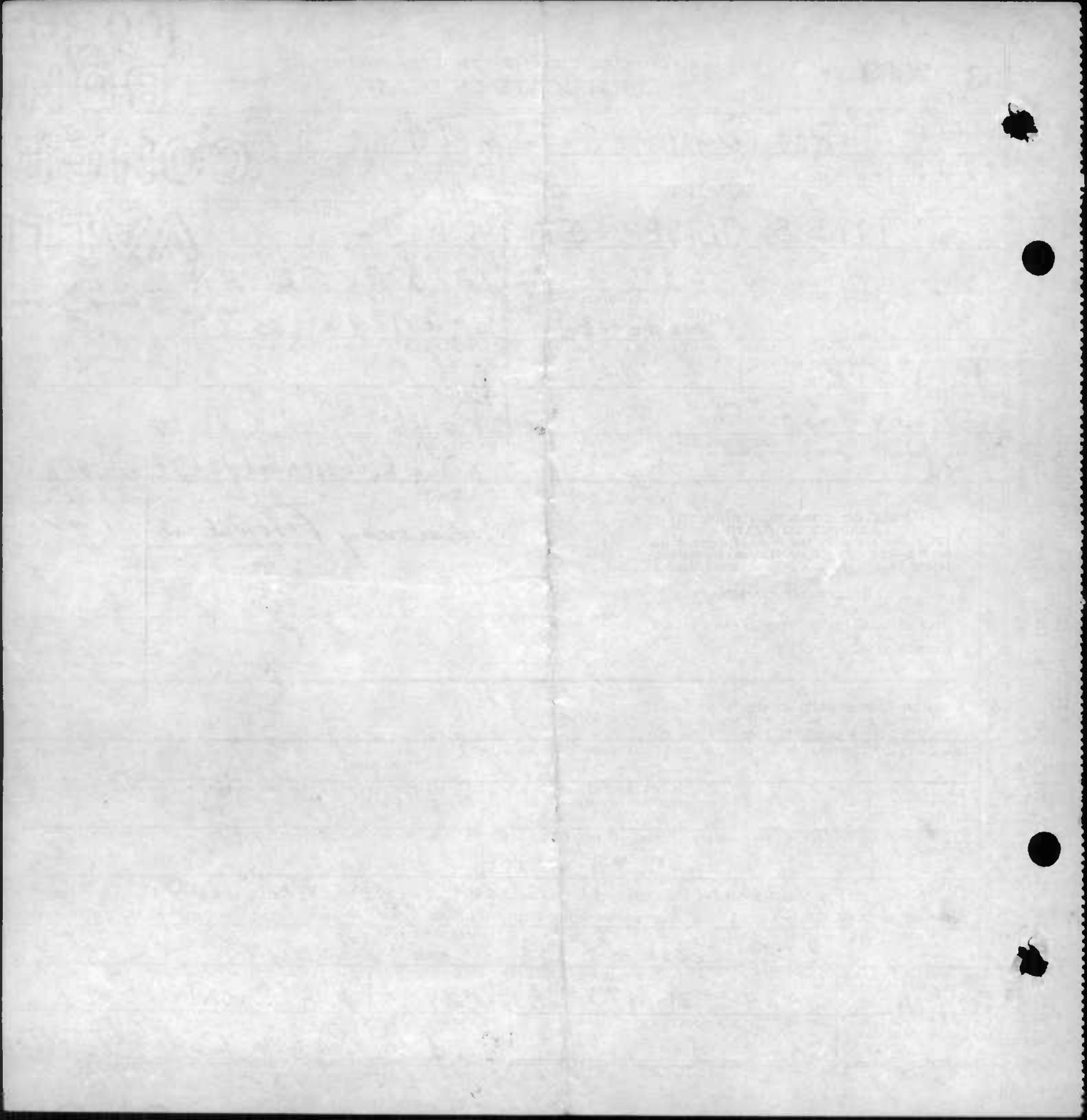
53 2069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2069

Registered No.

1. NAME OF DECEASED (Type or Print) REV. DAVID S. SMITH			2. DATE OF DEATH 2-20-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY 9-09		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1213 E. OLIVER ST.			C. CITY OR TOWN BALTO.		
c. Length of stay in Baltimore 5 Yrs.			D. STREET ADDRESS (If rural, give location) 1213 E. OLIVER ST.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-2-1884	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER			11. BIRTHPLACE (State or foreign country) N.C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
10. FATHER'S NAME BILLY SMITH			14. MOTHER'S MAIDEN NAME POLLY ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			17. INFORMANT MARTHA E. Underwood ADDRESS 1213 E. OLIVER ST.		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 1 yr		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 52 , to Feb , 19 53 , that I last saw the deceased alive on 18 Sep , 19 52 , and that death occurred at 5:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE A. C. Burwell			23B. ADDRESS 1213 Oliver St.		
23C. DATE SIGNED 2/21/53					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-24-53		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY	
24D. LOCATION (City, town, or county) A.A. County, Md					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Joseph B. Lock, Jr.		25. FUNERAL DIRECTOR ADDRESS 1304 N. CENTRAL AVE	
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2070**BIRTH NO. **53 2070**

1. NAME OF DECEASED (Type or Print) WILLIAM ADOLPH SCHEIDT			2. DATE OF DEATH February 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1809 McKean Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 27, 1871	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) collector furniture			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY furniture			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob Scheidt			14. MOTHER'S MAIDEN NAME Elizabeth Lenboch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Box 7, Glen Burnie, Md. Mrs. Mary E. Peregoy-Oakwood Rd., Rt. #1					

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Myocardial insufficiency**DUE TO **arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 23, 195324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

FEB 24 1953**Wm. J. Fickner & Sons**
Balto. Md.

12/15/54
12/15/54
12/15/54

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2071
Registered No.

53 2071

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WESTFIELD WILLIS DELAPLAIN

2. DATE OF DEATH
Feb. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5270 Reisterstown Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5270 Reisterstown Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 25, 1907

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clergyman

10B. KIND OF BUSINESS OR INDUSTRY

Methodist Church

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edwin C. Delaplain

14. MOTHER'S MAIDEN NAME

Clara Bräwer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Martha Delaplain-5270 Reisterstown Rd

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Obstruction

DUE TO

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastatic Malignancy

DUE TO

8 mos +

(C) Carcinoma of Stomach

8 mos +

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Metastasis to liver with jaundice

8 mos.

19A. DATE OF OPERATION

Sept 20, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach - Metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 12, 1946 to Feb 23, 1953, that I last saw the deceased alive on Feb 22, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3403 Garrison Blvd

2/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cem.

24D. LOCATION (City, town, or county)

Shiremanstown, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, 477
0098 W

Stm. J. Vickrey & Sons
Baltimore, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RESEARCH CENTER FOR THE STUDY OF
CENTRAL AMERICAN PEACE

NAME _____
ADDRESS _____
CITY _____

STATE _____
ZIP _____

DATE _____

RESEARCH CENTER FOR THE STUDY OF
CENTRAL AMERICAN PEACE

1000 UNIVERSITY AVENUE
SANTA BARBARA, CALIFORNIA 93106

PHONE (805) 865-4300

FAX (805) 865-4300

TELETYPE (805) 865-4300

INTERNET WWW.CRSP.ORG

WWW.CRSP.ORG

WWW.CRSP.ORG

WWW.CRSP.ORG

WWW.CRSP.ORG

WWW.CRSP.ORG

WWW.CRSP.ORG

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2072
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH ELLEN FINK

2. DATE
OF
DEATH

Feb. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

754 W. Hamburg St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

754 W. Hamburg St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 6, 1864

9. AGE (In years
last birthday)

89

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Reiter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-10-0352

17. INFORMANT

ADDRESS

Miss Edna M. Fink - 754 W. Hamburg St.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardiac

DUE TO

(C)

Vascular Disease

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1953, to 2-21, 1953, that I last saw the
deceased alive on 2-21, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Mueck, Jr.

M. D.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

2-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lisker & Sons

Balto. 17, Md.

FEB 24 1953

VS 150

Hurlington Williams, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH & DEPARTMENT OF AGRICULTURE
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of undertaker	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	

53 2073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2073
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SEDONEA LENA DOMEYER

2. DATE
OF
DEATH Feb. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3703 Yosemite Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3703 Yosemite Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 27, 1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albrecht

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Nicholas Domeyer-3703 Yosemite Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*
DUE TO

11 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Heart Disease*
DUE TO

5 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Generalized Arterio-Sclerosis*

5 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1939, to Feb. 22, 1953 that I last saw the
deceased alive on Feb. 21, 1953, and that death occurred at 4:58 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Carl L. Chambers

23B. ADDRESS

4108 Liberty Hts. -

23C. DATE SIGNED

2/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Wm. J. S. Liskner & Sons
Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

RECEIVED
FEB 10 1964

U.S. DEPT. OF JUSTICE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2074

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Richards

2. DATE
OF
DEATH

FEBRUARY 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

W. VA. Parkersburg

D. STREET ADDRESS (If rural, give location)

4408 17th. Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

11-26-29 23

9. AGE (In years last birthday)

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steam Boiler Operator

10B. KIND OF BUSINESS OR INDUSTRY

Whitt Coal Co.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lee Richards

14. MOTHER'S MAIDEN NAME

Louise Hicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pyelonephritis - chronic.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-1953 to 2-24-1953 that I last saw the deceased alive on 2-24-1953 and that death occurred at 4:25 AM., from the causes and on the date stated above.

23A. SIGNATURE

John T. ...

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/24-53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

24D. LOCATION (City, town, or county)

Parkersburg, West Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington ...

25. FUNERAL DIRECTOR

W. A. Cook, Inc.

ADDRESS

1217 S. Paul Street

VS 150

5226T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

DEPARTMENT OF HEALTH

100

INVESTIGATION OF DEATH

Case No. 100-100000

Dec 10, 1900

John Doe

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

53 2075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2075

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST F. MEREDITH

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4310 LASALLE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTO.

26-01

D. STREET ADDRESS (If rural, give location)

4310 LASALLE AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWER

8. DATE OF BIRTH

10-27-1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEWING MACHINE ADJUSTER - CLOTHING MFG.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

M.D.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ernest F. Meredith, 4310 Lasalle Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

10 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Artery Disease

4 years

(C)

Hypertensive Cardiovascular Dis.

many years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Aug, 1946 to 2-21, 1953 that I last saw the
deceased alive on 2-20, 1953 and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Max R. English

M. D.

5713 Belair Rd

2-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-25-53

Cathedral Ave

Balt.

Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

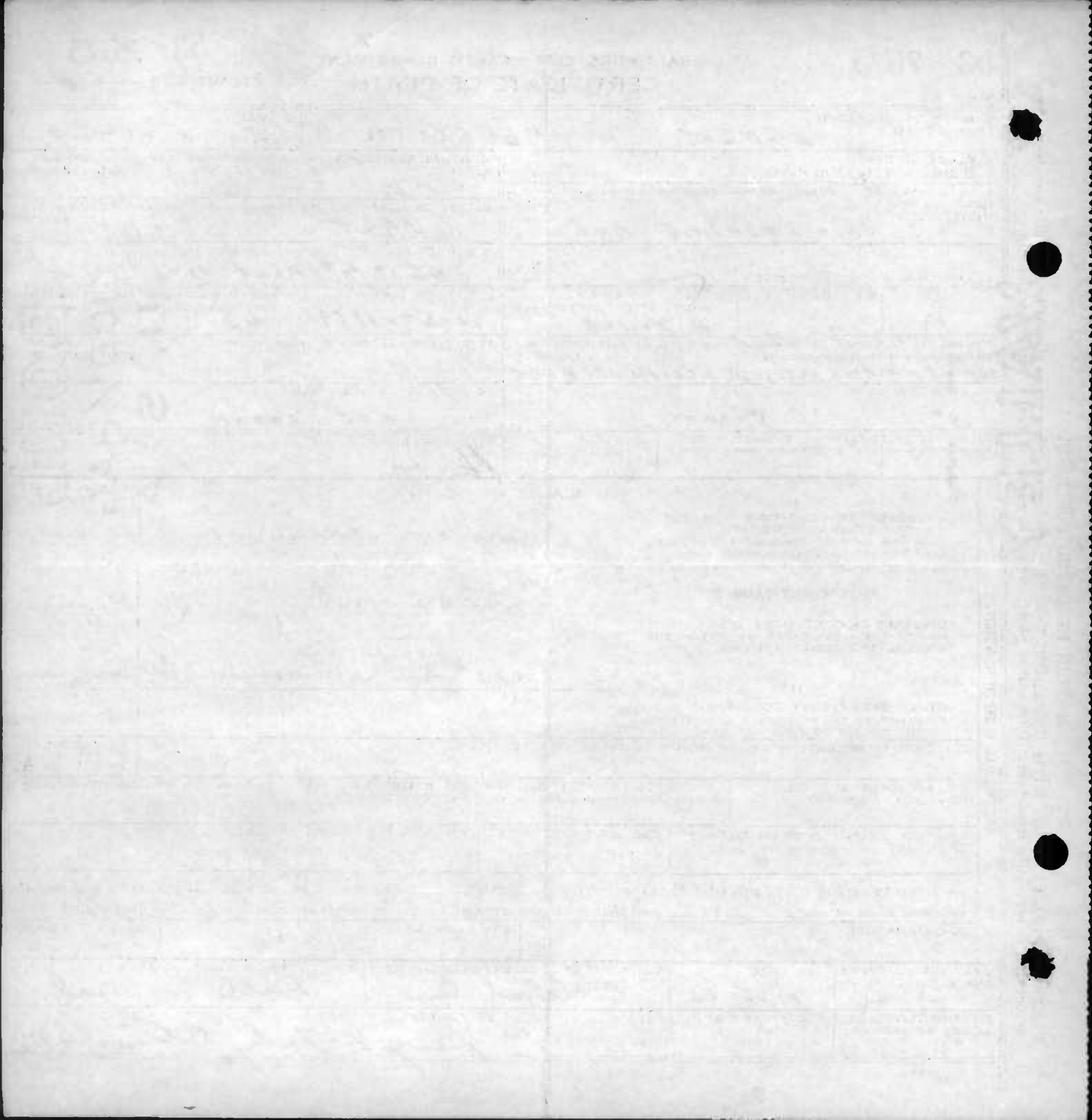
25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

Huntington Williams, M.D.

George D. Fawcett, Catonsville, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2076

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CARRIE M. NEAL			2. DATE OF DEATH 2/20/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 501 N. PARRISH ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 50YRS.			D. STREET ADDRESS (If rural, give location) 501 PARRISH ST		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 7/4/1891		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ALBERT JOHNSON			14. MOTHER'S MAIDEN NAME MAGGIE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS SAMUEL MATHEWS-501 PARRISH ST.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 6 months		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senility					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/15 , 19 52 to 2/20 , 19 53 that I last saw the deceased alive on 2/20 , 19 53 and that death occurred at 1.10A m., from the causes and on the date stated above.					
23A. SIGNATURE Ralph W. Beckling		23B. ADDRESS 426 N. Guilmar St		23C. DATE SIGNED 2/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/25/53		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L. CEM.	
24D. LOCATION (City, town, or county) BALTIMORE, MD.		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARMON AV			

VS 150

7208A Charles G. Cooper

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

N-400

53 2076

WATSON

WATSON

WATSON

WATSON

WATSON

WATSON

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WATSON

WATSON

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Timothy M. Hurley

2. DATE
OF
DEATH

Feb. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

16-08

D. STREET ADDRESS (If rural, give location)

630 N. Agusta Ave

c. Length of stay in Baltimore

74 Yrs.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 13, 1878

9. AGE (in years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Detective

10B. KIND OF BUSINESS OR
INDUSTRY

B&O Railroad

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hurley

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Timothy Hurley, 630 N. Agusta

18. 422.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIO-SCLEROTIC Cardio
DUE TO VASCULAR Disease

3 YRS +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.chronic Bronchitis
Diabetes Mellitus

3 YRS +

3 YRS +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949 to 2/23, 1953 that I last saw the
deceased alive on 2/23, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Philip E. Carroll

23B. ADDRESS

3629 Edmondson Ave

23C. DATE SIGNED

2/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 26/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke 201 Edmondson Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2078
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Carrie E. Miller

2. DATE
OF
DEATH

Feb. 22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Ma.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5007 Overton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5007 Overton St

c. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 25, 1876

9. AGE (in years
last birthday)

76

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jerimiah Kauffman

14. MOTHER'S MAIDEN NAME

Mary D. Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Selma Phipps, 5007 Overton St.

18. **422.2 and E900.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocarditis - dilatation ?
dissecting - decompensation
12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Fracture rt. hip
10 mos

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

R. Fisher

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

5007 Overton Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1/28/52

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Missed last step on stairs & fell

22. I hereby certify that I attended the deceased from **Nov 1947** to **22 Feb 1953** that I last saw the deceased alive on **21 Feb 1953** and that death occurred at **6 P. M.** from the causes and on the date stated above.

23A. SIGNATURE

Thomason G. Nichols

23B. ADDRESS

4211 Roland Ave

23C. DATE SIGNED

24 Feb 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Nitzke 4101 Edmondson Ave

VS 150

N 820.1

Huntington Williams, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

S-636

53 2079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2079

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. FRANK E. SCHRAEDER

2. DATE
OF
DEATH

Feb. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
likely MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. 15-10

D. STREET ADDRESS (If rural, give location)

4515 GARRISON BOULEVARD

c. Length of stay in Baltimore

unknown

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

unknown

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months Days11. Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown LAWYER

10B. KIND OF BUSINESS OR
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute, 6420 Reisterstown Rd., Balt. Md.

18.

490X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pneumonia, bilateral

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic myocardial disease

sev. years

DUE TO

(C)

General arteriosclerosis

4 "

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dysphoria with arteriosclerosis

5 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28, 1953, to 1/22, 1953, that I last saw the
deceased alive on 1/21, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter L. Johnson

M. D.

23B. ADDRESS

4212 Patterson Ave. Balto. 1/22/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY or CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Meacham and Son 805 N. Calvert St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH
GALLATINE CITY HEALTH DEPARTMENT

NAME OF DECEASED _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

DATE OF BIRTH _____

SEX _____

AGE _____

RESIDENCE _____

OCCUPATION _____

EDUCATION _____

RELIGION _____

DATE OF MARRIAGE _____

NAME OF SPOUSE _____

NAME OF CHILDREN _____

NAME OF NEXT OF KIN _____

NAME OF PHYSICIAN _____

NAME OF NURSE _____

NAME OF BURIAL PLACE _____

NAME OF FUNERAL HOME _____

NAME OF MINISTER _____

NAME OF CHURCH _____

NAME OF CEMETERY _____

M-324
53 2080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2080
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Agnes Mitchell		2-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
9929 Walbrook Ave		Md			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
13		Baltimore			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
F		C		2929 Walbrook Ave	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
S		Aug. 1-1904		48	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
maid		Hospital		Lumberton N.C.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
James W. Mitchell		Idellia Drake		U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				John Mitchell 2929 Walbrook Ave	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO		Hypertensive Cardio-vascular disease, Comp 4	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		Chronic Interstitial Nephritis	
		(C) DUE TO		Generalized Arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Interval Insufficiency, Mild Secondary Anemia " "			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from the 20, 1953 to Feb 22, 1953, that I last saw the deceased alive on Feb 21, 1953, and that death occurred at 11:05 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Ralph J. Young		1532 E Monument St		2/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2-26-53		Western Star	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore-Md		Samuel W. Sullivan Jr			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 24 1953		Huntington Will...			

720 ST

MARGIN RESERVED FOR BINDING
PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other disposition		20. Signature of other disposition	
21. Signature of other disposition		22. Signature of other disposition		23. Signature of other disposition		24. Signature of other disposition	
25. Signature of other disposition		26. Signature of other disposition		27. Signature of other disposition		28. Signature of other disposition	
29. Signature of other disposition		30. Signature of other disposition		31. Signature of other disposition		32. Signature of other disposition	
33. Signature of other disposition		34. Signature of other disposition		35. Signature of other disposition		36. Signature of other disposition	
37. Signature of other disposition		38. Signature of other disposition		39. Signature of other disposition		40. Signature of other disposition	
41. Signature of other disposition		42. Signature of other disposition		43. Signature of other disposition		44. Signature of other disposition	
45. Signature of other disposition		46. Signature of other disposition		47. Signature of other disposition		48. Signature of other disposition	
49. Signature of other disposition		50. Signature of other disposition		51. Signature of other disposition		52. Signature of other disposition	
53. Signature of other disposition		54. Signature of other disposition		55. Signature of other disposition		56. Signature of other disposition	
57. Signature of other disposition		58. Signature of other disposition		59. Signature of other disposition		60. Signature of other disposition	
61. Signature of other disposition		62. Signature of other disposition		63. Signature of other disposition		64. Signature of other disposition	
65. Signature of other disposition		66. Signature of other disposition		67. Signature of other disposition		68. Signature of other disposition	
69. Signature of other disposition		70. Signature of other disposition		71. Signature of other disposition		72. Signature of other disposition	
73. Signature of other disposition		74. Signature of other disposition		75. Signature of other disposition		76. Signature of other disposition	
77. Signature of other disposition		78. Signature of other disposition		79. Signature of other disposition		80. Signature of other disposition	
81. Signature of other disposition		82. Signature of other disposition		83. Signature of other disposition		84. Signature of other disposition	
85. Signature of other disposition		86. Signature of other disposition		87. Signature of other disposition		88. Signature of other disposition	
89. Signature of other disposition		90. Signature of other disposition		91. Signature of other disposition		92. Signature of other disposition	
93. Signature of other disposition		94. Signature of other disposition		95. Signature of other disposition		96. Signature of other disposition	
97. Signature of other disposition		98. Signature of other disposition		99. Signature of other disposition		100. Signature of other disposition	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2081

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WEBSTER, NORMAN DOUGLAS

2. DATE
OF
DEATH

February 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

California

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's

C. CITY OR TOWN

No. Sacramento

D. STREET ADDRESS (If rural, give location)

516 Blackwood Drive

C. Length of stay in Baltimore

13 days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

July 19, 1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Radio engineer

10B. KIND OF BUSINESS OR
INDUSTRY

McClatchey Broadcast-

11. BIRTHPLACE (State or foreign country)

California

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Webster

14. MOTHER'S MAIDEN NAME

Blanche Lovejoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Gladys E. Webster - Sacramento Cal

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Anterior coronary artery occlusion
with

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction, recent

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 10, 1953 to February 23, 1953, that I last saw the
deceased alive on Feb. 10, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Offay

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Feb. 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Sacramento - Calif.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

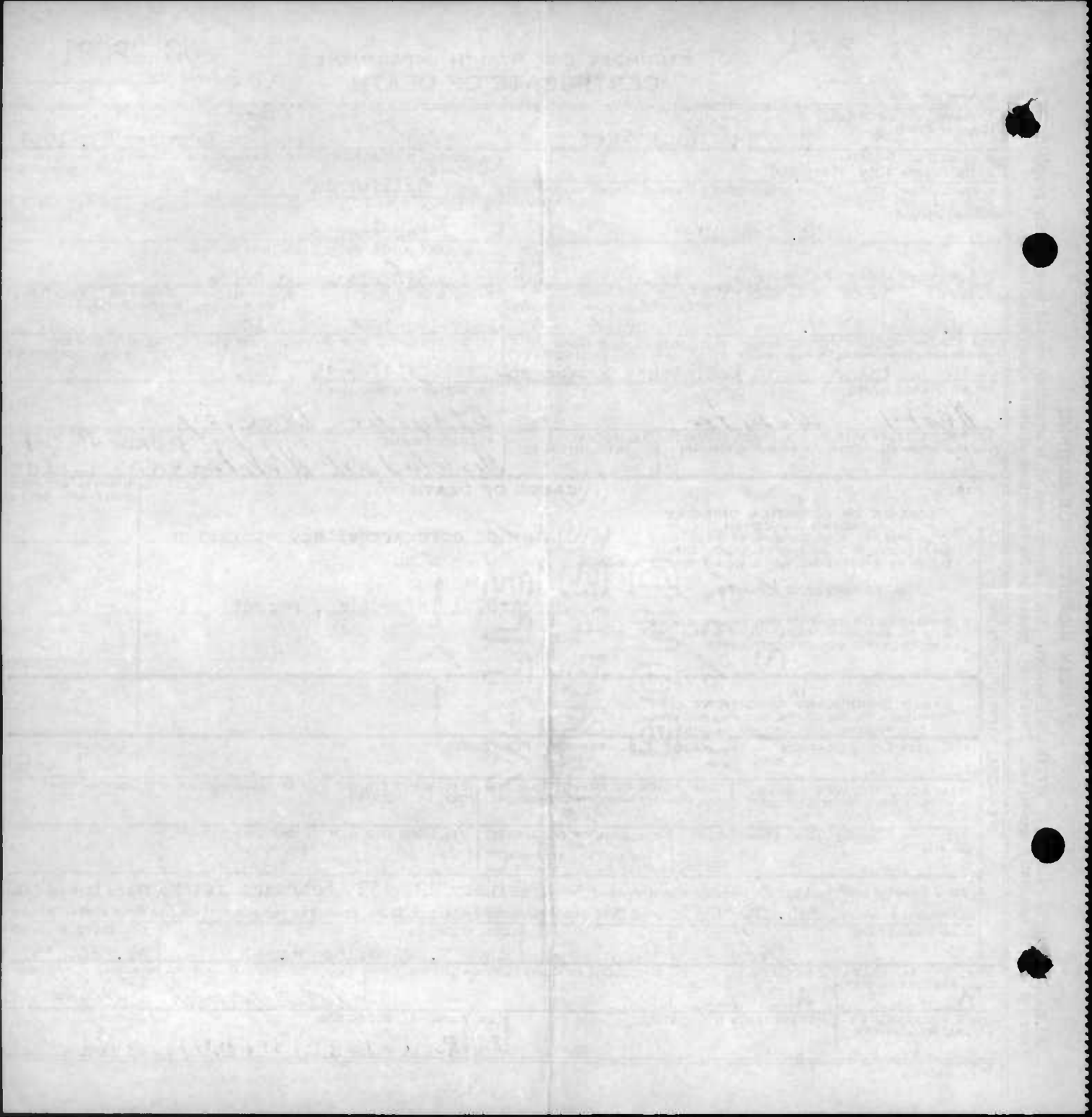
25. FUNERAL DIRECTOR

ADDRESS

Huntington Hill Road, Richmond, Va. 23131

FEB 24 1953

044 FT



G-635
53 2082BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2082
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hanes Gordon

2. DATE
OF
DEATH

2/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-44

D. STREET ADDRESS (If rural, give location)

5312 Carter Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Sept 29 1892

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Behrman

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. James Hall Gordon - 5312 Carter Ave

18. 231X and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes mellitus
Hypertensive Art. N. DiseaseINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21/53, 19__, to 2/23/53, 19__, that I last saw the
deceased alive on 2/23, 1953, and that death occurred at 7 m., from the causes and on the date stated above.

23A. SIGNATURE

Caravado Bemis

M. D.

23B. ADDRESS

St. Joseph's Hosp.

23C. DATE SIGNED

2/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-26-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rock Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

P. J. Rock & Sons - 5305 Harford Rd

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVAILING DISEASE

PREVAILING WEATHER

PREVAILING TEMPERATURE

PREVAILING HUMIDITY

PREVAILING WIND

PREVAILING PRESSURE

PREVAILING MOON

PREVAILING STARS

PREVAILING PLANETS

PREVAILING SIGNS

PREVAILING HOUSES

PREVAILING ASCENDANTS

PREVAILING MIDHEAVENS

PREVAILING DESCENDANTS

PREVAILING LUNAR

PREVAILING SOLAR

PREVAILING JUPITER

PREVAILING SATURN

PREVAILING MARS

PREVAILING VENUS

PREVAILING MERCURY

PREVAILING MOON

PREVAILING SUN

PREVAILING STARS

PREVAILING PLANETS

PREVAILING SIGNS

PREVAILING HOUSES

PREVAILING ASCENDANTS

PREVAILING MIDHEAVENS

PREVAILING DESCENDANTS

PREVAILING LUNAR

PREVAILING SOLAR

PREVAILING JUPITER

PREVAILING SATURN

PREVAILING MARS

53 2083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2083

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Orlean BALDWIN

2. DATE
OF
DEATH

Feb. 23, '53

3. PLACE OF DEATH
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

Box 134 - Rt 14 - Balto 20 Md

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 12, 1921

9. AGE (In years
last birthday)

31

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lime Keeper

10B. KIND OF BUSINESS OR
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Sydney William Baldwin (D)

14. MOTHER'S MAIDEN NAME

Hellie May Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

510-14-2469

17. INFORMANT

Mrs Anna May Baldwin - Box 134 - Rt 14 - Balto 20 Md

ADDRESS

18. 178 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Carcinomatous

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Seminoma of the Right Testicle

6 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

N me

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb. 23, 1953, that I last saw the
deceased alive on Feb. 23, 1953, and that death occurred at 7:24 p. m., from the causes and on the date stated above.

23A. SIGNATURE

David H. Smith

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Feb. 23, '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-27-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953
VS 150

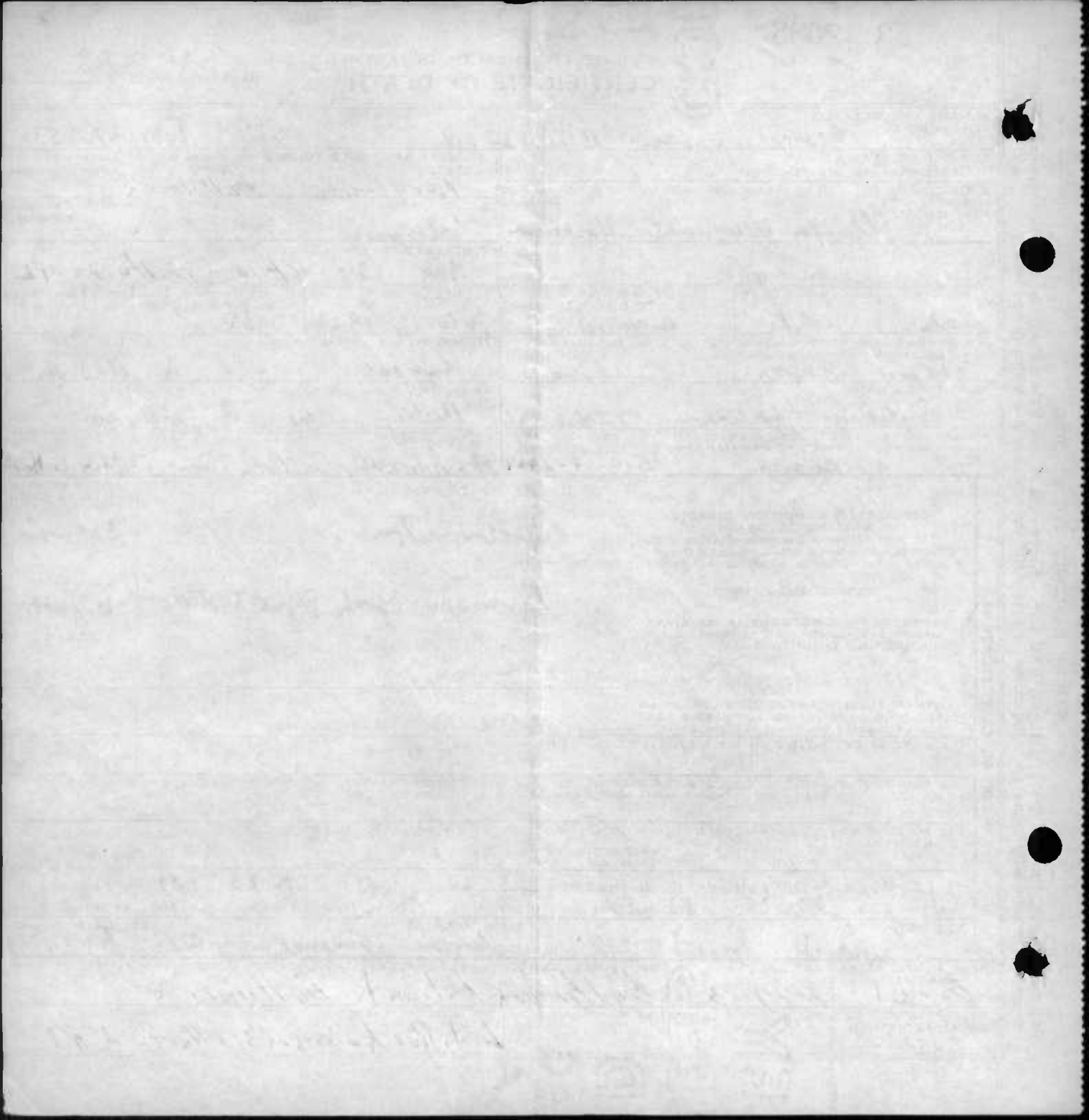
Harrington Williams, Jr.

L. N. P. R. R. S. S. 5305 Harford Rd.

390 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.



0-650
53 2084BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2084

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. OREM IV

2. DATE
OF
DEATH

Feb. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2733 Alemeda Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2733 Alemeda Blvd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 25, 1874

9. AGE (In years last birthday)

79

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Clerk10B. KIND OF BUSINESS OR INDUSTRY
B & O R R

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Orem III

14. MOTHER'S MAIDEN NAME

Matilda Burly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Annie M. Orem, 2733 Alemeda

18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 1952 to Feb 21, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 6:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

VS 150

Huntington Williams, Jr.

Leonard J. Ruck

5305 Harford Road.

Dr. (Raziano
2802 Harford Road

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hosp.

C. Length of stay in Baltimore

42

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

National Brewery

13. FATHER'S NAME

Robt. Falkenstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

NO.

16. SOCIAL SECURITY NO.

212-10-1672

8. DATE OF BIRTH

9-13-10

9. AGE (In years last birthday)

42

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Anna Wick

17. INFORMANT

ADDRESS

same (Mary Falkenstein)

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1953, to 2-21-53, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 6:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. Linn

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Feb. 21 '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-25-53

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM.

24D. LOCATION (City, town, or county) (State)

7225 EASTERN BVD. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Charles S. Seiler

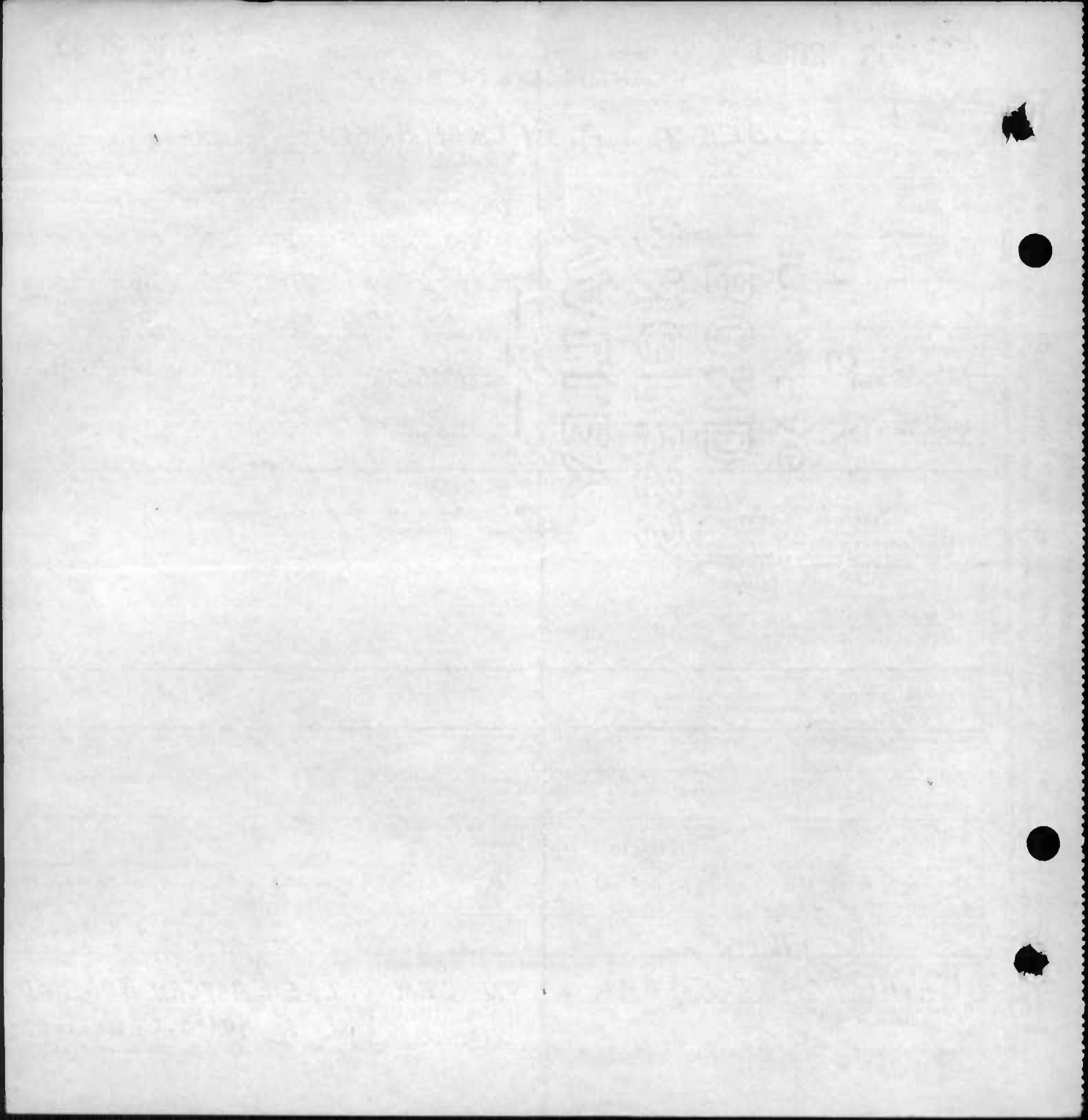
ADDRESS

901 S. CONKLING ST.

EB 24-1053

VS 150

97046



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2086
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence J. Young

2. DATE
OF
DEATH

2/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

812 Mangold St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

812 Mangold St.

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

12/22/1882

9. AGE (In years

last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Steven D. Carlisle

14. MOTHER'S MAIDEN NAME

Margaret L. Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Florence White 3768 Drive

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 min +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis C. V. D.

10 yr +

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23-53, 19, to 2-24-53, 19, that I last saw the deceased alive on 2-23-53, 19, and that death occurred at 4:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Young

M. D.

23B. ADDRESS

642 W. B. St.

23C. DATE SIGNED

2-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Brownson

ADDRESS

Gollins

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2087

Registered No. _____

53 2087
BIRTH NO. 52-300201. NAME OF DECEASED
(Type or Print)

Baby "A" Brown (Beta)

2. DATE
OF
DEATH

Feb. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 493X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-1952 to 2-21-1953 that I last saw the deceased alive on 2-21-1953 and that death occurred at 1:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Herndon

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb. 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1953

VS-150

11247. Caroline St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2088**

BIRTH NO. 687649			
1. NAME OF DECEASED (Type or Print) Nellie Barrett Dorsey		2. DATE OF DEATH 2/20/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 14-82	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1611 Madison Baltimore, Md.	
c. Length of stay in Baltimore Yrs. 5 Mos. Days		D. STREET ADDRESS (If rural, give location) 1611 Madison Ave.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 26, 1947
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY 3	9. AGE (In years last birthday) 5 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baies, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Dorsey		14. MOTHER'S MAIDEN NAME Sara Tullington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John Dorsey 1611 Madison Ave
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH minutes	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO Thermal Burn (B) DUE TO General Convulsion (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY William B. [Signature] M. D.	
19A. DATE OF OPERATION 2/20/53	19B. MAJOR FINDINGS OF OPERATION Thermal Burn		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1611 Madison Ave.	
21D. TIME (Month) (Day) (Year) (Hour) Oct 29, 1952 9:00	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Clutter caught fire from stove	
22. I hereby certify that I attended the deceased from 2 1953 to 2/20 , 1953 , that I last saw the deceased alive on 2/20 , 1953 , and that death occurred at 4:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE W. B. Williams		23B. ADDRESS University Hospital	23C. DATE SIGNED 2/20/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/25/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	24D. LOCATION (City, town, or county) (State) B.A. County, Md
DATE RECEIVED BY LOCAL REGISTRAR ER 24 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Robert A. Elliott	
VS 150		112971-Carlin A.	

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MAF - 167959

BALTIMORE CITY HEALTH DEPARTMENT

53 2089 Registered No.

53 2089

CERTIFICATE OF DEATH

BIRTH NO. 3-03883

1. NAME OF DECEASED (Type or Print)

Baby Boy, Mary Jones ("B" Twin)

2. DATE OF DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2002 Harlem Ave.

c. Length of stay in Baltimore

1 day

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 18, 1953

9. AGE (In years last birthday)

If Under 1 Year Months: Days

1

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Jones

14. MOTHER'S MAIDEN NAME

Mary Kay

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18.

776 x 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Prematurity

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Life

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1953, to 2-19, 1953, that I last saw the deceased alive on 2-19, 1953, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

M. D.

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

Feb. 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremated

24B. DATE

2-21-53

24C. NAME OF CEMETERY OR CREMATORY

B.C. Hospital

24D. LOCATION (City, town, or county)

4940 Eastern Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

2500 Duneside

VS 150

FEB 24 1953

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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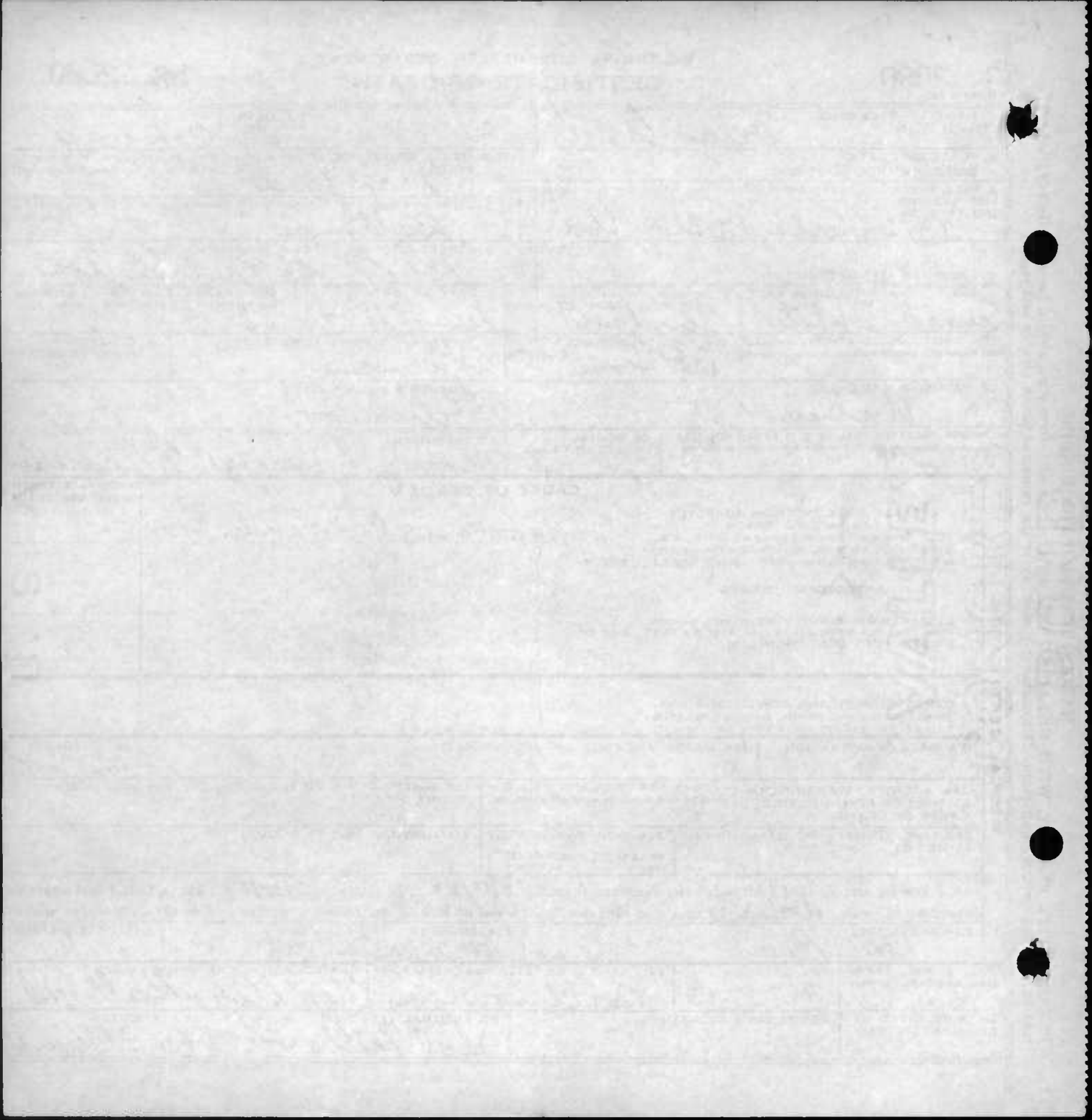
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2091**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura M. Allan

2. DATE
OF
DEATH

Feb. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2524 East Federal St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.
8-02

D. STREET ADDRESS (If rural, give location)

2524 East Federal St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1877

9. AGE (In years

last birthday)

75

If Under 1 Year

Months Days Hours Min.

If Under 24 Hours

WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

U. S. A.

13. FATHER'S NAME

Benjamin E. Batchelor

14. MOTHER'S MAIDEN NAME

Laura M. Robbins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
John E. Allan - 2524 E. Federal St.

18. **421.0 and 260x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Thrombosis**
4 days

DUE TO **Cerebral Arteriosclerosis**
?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Mitral Stenosis & Myocarditis**
3 yrs.

DUE TO

Senility.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus
30 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Feb. 18**, 19**53** to **Feb. 22**, 19**53** that I last saw the deceased alive on **Feb. 21**, 19**53** and that death occurred at **3 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Alvin E. Singewald M.D.

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

2-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-25-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cen.

24D. LOCATION (City, town, or county) (State)

North Ave. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John G. Meller Inc.

ADDRESS

2431 E. Olney St.

STATE OF TEXAS
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Occupation		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2092
Registered No.

53 2092
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Carmelo Panzarella			2. DATE OF DEATH Feb. 22 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2916 Montebello Terrace			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) B. COUNTY Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 48 Yrs.			D. STREET ADDRESS (If rural, give location) 2916 Montebello Terrace		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23 1881	9. AGE (In years, last birthday) 71	If Under 1 Year Months: 6 Days: 29 If Under 24 Hours Hours: 29 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker (Retired) Shoemaker Shop			11. BIRTHPLACE (State or foreign country) Vallelunga-Sicily-Italy		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Rosario Panzarella			14. MOTHER'S MAIDEN NAME Michela Costanza		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Vincenzina Panzarella			ADDRESS Terrace 2916 Montebello		

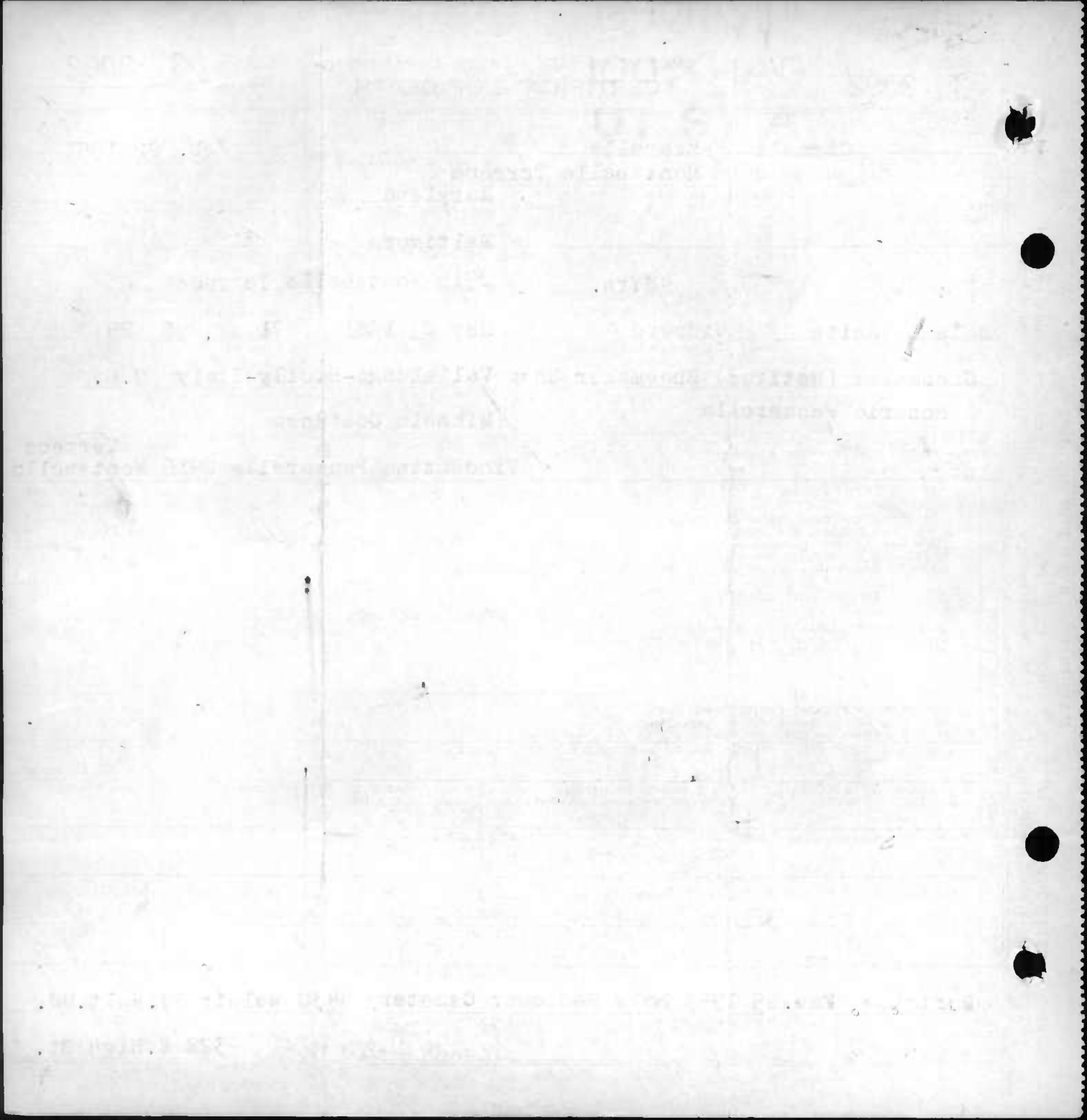
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension Cordis Ventriculi			CAUSE OF DEATH (A) Hypertension Cordis Ventriculi DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension			(B) Hypertension DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 0		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 0		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK 0		21F. HOW DID INJURY OCCUR? 0	
22. I hereby certify that I attended the deceased from 3-11-1952 to 2-22-1953 , that I last saw the deceased alive on 2-22-1953 , and that death occurred at 2304 am., from the causes and on the date stated above.					
23A. SIGNATURE R. H. Harrison Jr.			23B. ADDRESS 715 N. Charles St.		23C. DATE SIGNED 2-25-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 25 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.		24E. LOCAL REGISTRAR VS 150			
24F. REGISTRAR'S SIGNATURE Huntington Williams		24G. FUNERAL DIRECTOR Frank Della Noce			
24H. ADDRESS 322 S. High St.		24I. ADDRESS 322 S. High St.			

5828E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2093**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Vincent
GEORGE****BROOKHART**2. DATE
OF
DEATH**February 22, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**South Baltimore General Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Dickman Street

c. Length of stay in Baltimore

lifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

May 20, 18869. AGE (In years
last birthday)**66**10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Plasterer**10B. KIND OF BUSINESS OR
INDUSTRY**Gen. Contracting**

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

George W. Brookhart

14. MOTHER'S MAIDEN NAME

Mary Hollen15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Brookhart, 3000 Edgewood Ave.18. **490x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Lobar pneumonia of right upper lobe**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 23, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**burial**

24B. DATE

Feb. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

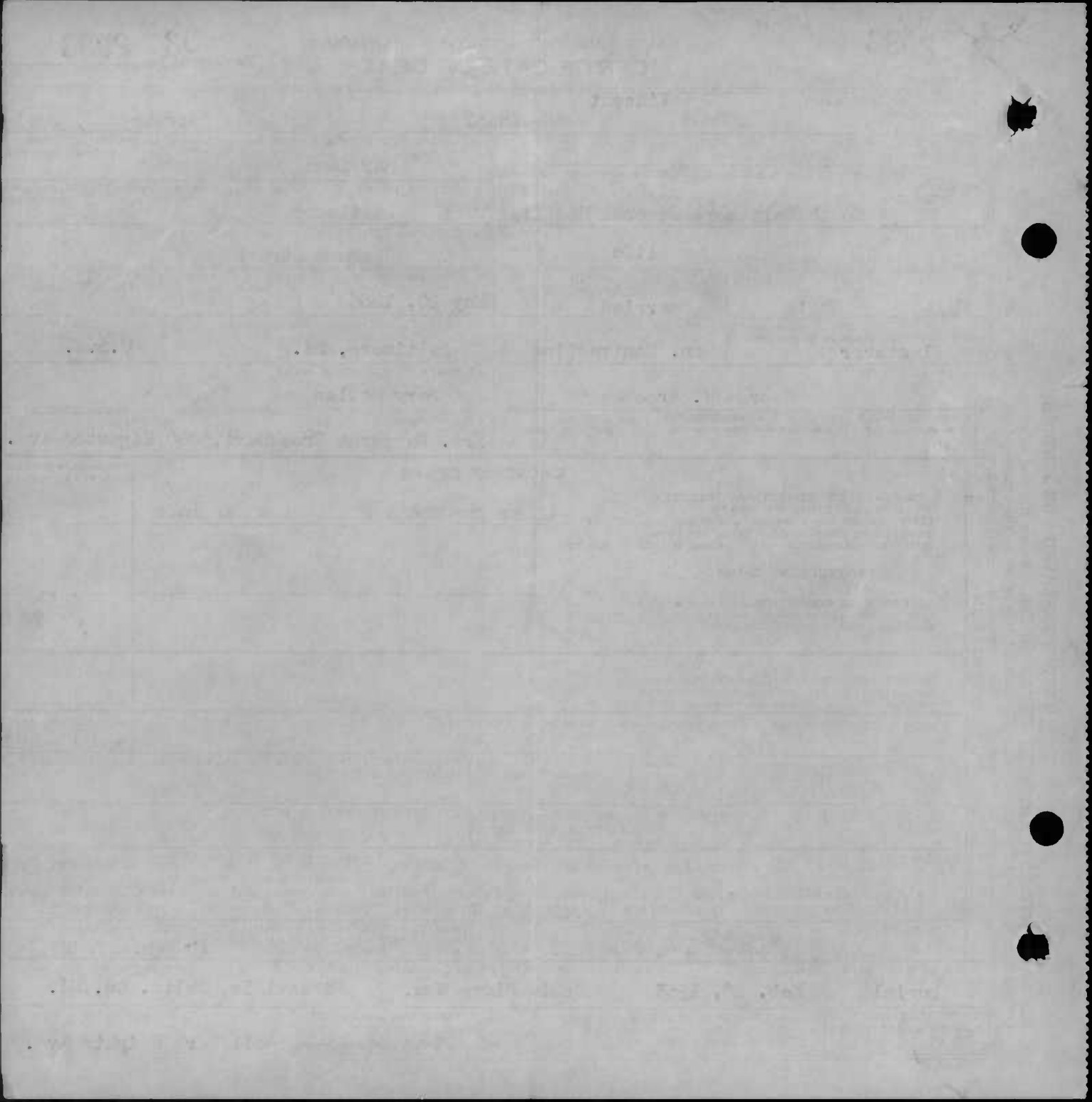
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2094
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE BLOCK

2. DATE
OF
DEATH

Feb. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2338 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

2338 Eutaw Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 11, 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilhelm Wolffersdorff

14. MOTHER'S MAIDEN NAME

Barbara Denzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Lydia Pushkin - 2338 Eutaw Place

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

about

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

1 week

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 2/17, 1953 to 2/22/1953 that I last saw the
deceased alive on 2/22, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Weinberger

23B. ADDRESS

912 Brooks Lane

23C. DATE SIGNED

2/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR,

ADDRESS

FEB 25 1953

Handwritten signature of Registrar

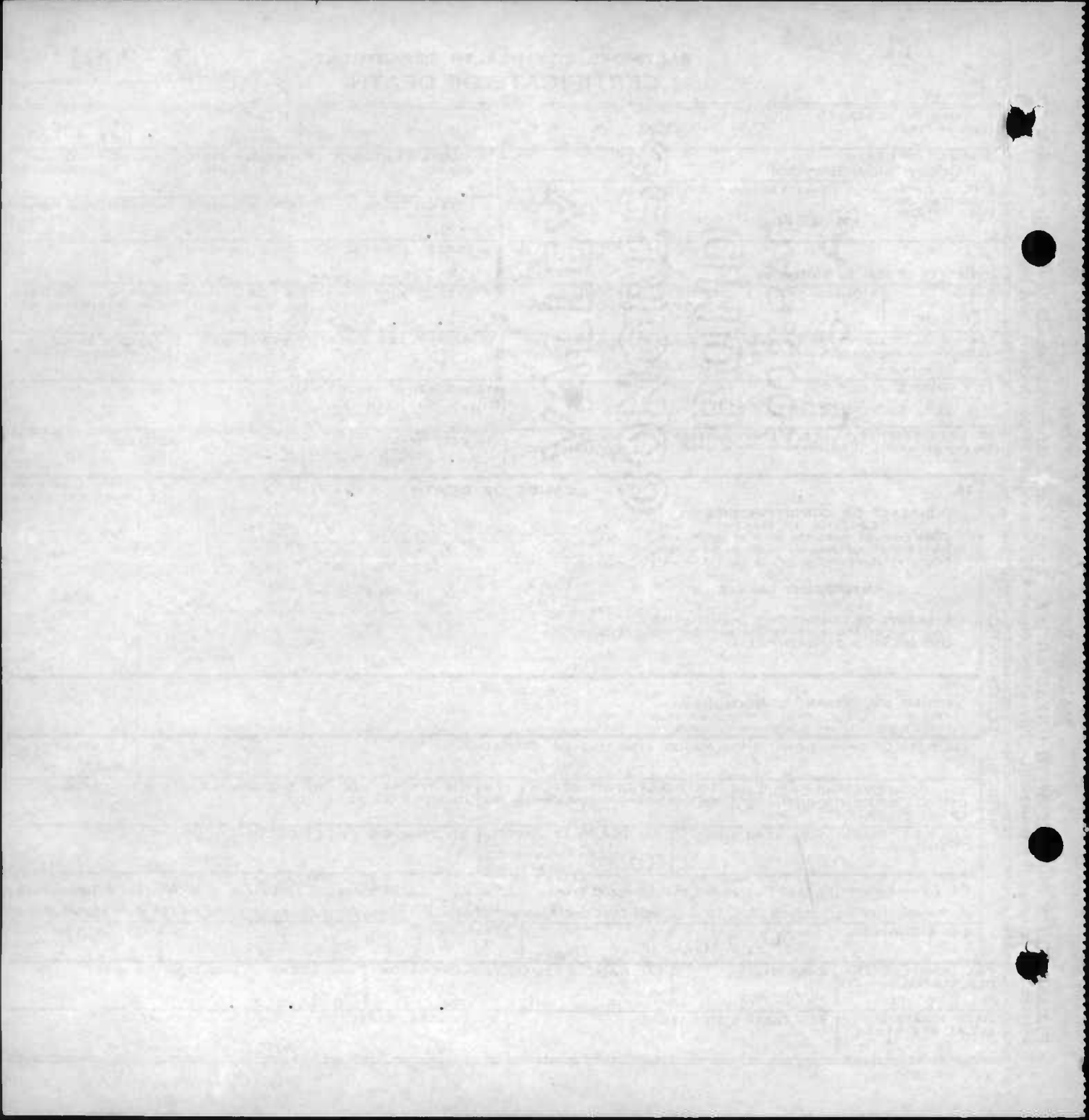
Handwritten signature of Funeral Director

VS 150

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2095
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John R. Crayton

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1928 Deering Ave. #30

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2-12-1880

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Mining Engineer

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Crayton

14. MOTHER'S MAIDEN NAME

Sarah Woodford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS, Harold W. Crayton 1928 Deering St.

18. 342X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brain abscess

DUE TO Sen. debility

ANTECEDENT CAUSES

(B) Sen. arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1953, to 2-24, 1953 that I last saw the deceased alive on 2-24, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. H. H. H.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

2-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2-24-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Shannon, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. H. H. H.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker + Sons

VS 150

04823

R.S.B.

Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

53 2096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2096
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE M. BROWN.

2. DATE
OF
DEATH

2/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1700 WILLIAM ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

24-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1700 Little William St.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/15/1897

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Beaufort Co. N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Langley Squires

14. MOTHER'S MAIDEN NAME

Fannie Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Warren Potter 1700 Little William St.

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary of the heart.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/16/1948 to 2/24/1953, that I last saw the
deceased alive on 2/22/1953, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

N. P. Friedman

M. D.

23B. ADDRESS

1319 Cedar St.

23C. DATE SIGNED

2/24/53

24A. FUNERAL CREMA-
TION REMOVAL (Specify)

Removal

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Acme Cemetery

24D. LOCATION (City, town, or county) (State)

Pine town N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. Brown, Jr.

25. FUNERAL DIRECTOR

ADDRESS

W. H. Cook Inc. 1217 St. Paul St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2097
Registered No.53 2097
BIRTH NO.

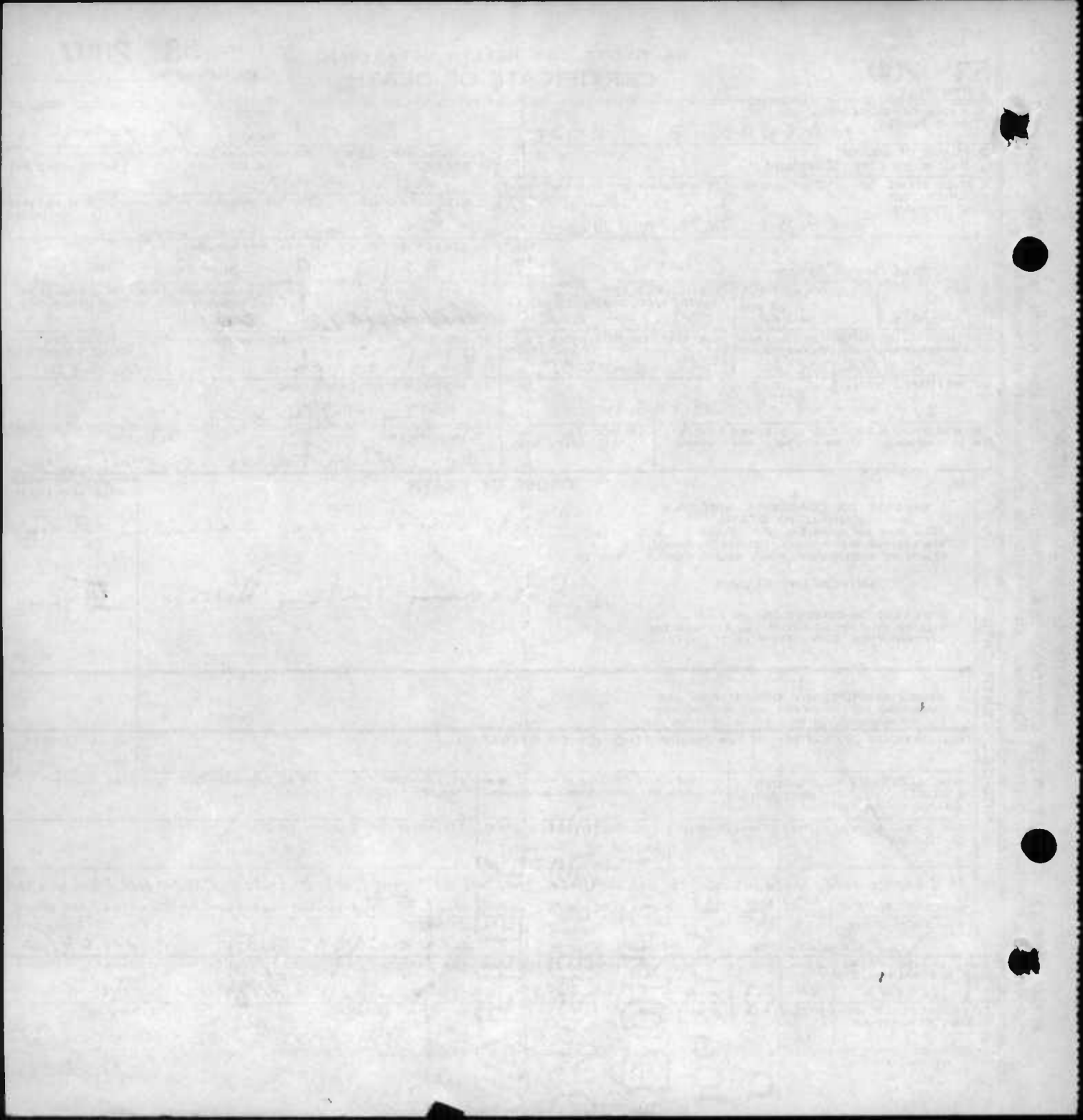
1. NAME OF DECEASED (Type or Print) NATHAN FLINKMAN			2. DATE OF DEATH 2/24/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 27-19		
C. Length of stay in Baltimore 50 days			D. STREET ADDRESS (If rural, give location) 3817 GLEN AVE #15		
5. SEX male	6. COLOR OR RACE white	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/21, 1892		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Inspector, Division Co.		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David Flinkman			14. MOTHER'S MAIDEN NAME Rose Barber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Evelyn Flinkman - 3817 Glen Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Acute Myocardial Infarction DUE TO (B) Coronary Artery Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/21 , 19 53 , to 2/24 , 19 53 , that I last saw the deceased alive on 2/24 , 19 53 and that death occurred at 4:55 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Julius S. Puer		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 2/24/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/25/53	24C. NAME OF CEMETERY OR CREMATORY Trinity Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS John Levinson & Bros - 1124-26 W. North Avenue



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2098

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA FORMAN

2. DATE
OF
DEATH

2-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2800 Ulman Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

2800 Ulman Ave

c. Length of stay in Baltimore

60 Yrs. ~~Mo.~~ ~~Days~~

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

76

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russian

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Violet Forman - same

18. **422.1 and 260X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Myocardial Infarction**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Myocardial Infarction**

DUE TO

(C) **Arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **8-19-1912** to **2-24-1953**, that I last saw the deceased alive on **2-24-1953**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE

Danish J. Ashworth, M.D.

23b. ADDRESS

2720 Eastern Place

23c. DATE SIGNED

2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

2-25-53

24c. NAME OF CEMETERY OR CREMATORY

Rosedale

24d. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewicki 2100 Eastern Pl

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Schwartz
2320 Benton Pl
La 5737
Mo 6793

STATE OF MISSOURI

IN SENATE,
January 1, 1907.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBANY, MISSOURI:
THE MISSOURI BOOK CONCERN, 1907.

53 2099

53 2099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANNIE GOLNICK		2. DATE OF DEATH 2-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
c. Length of stay in Baltimore 39 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 2476 Shirley Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-3
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		9B. KIND OF BUSINESS OR INDUSTRY	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Harry Golnick - Levindale		ADDRESS	

18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Coronary thrombosis		DUE TO		1/2 hour	
(B) Arteriosclerosis		DUE TO		years	
(C) _____		DUE TO		_____	
19. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes mellitus		years	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-15 , 19 53 , to 2-24 , 19 53 , that I last saw the deceased alive on 2-24 , 19 53 and that death occurred at 5:42 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Anny Nagel		23B. ADDRESS Levindale Home		23C. DATE SIGNED 2-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-25-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) (State) Balto, Md					

DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis	
				ADDRESS 3100 Eutaw Pl	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STO
ONCE

STATION
AETIVA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2100

Registered No. _____

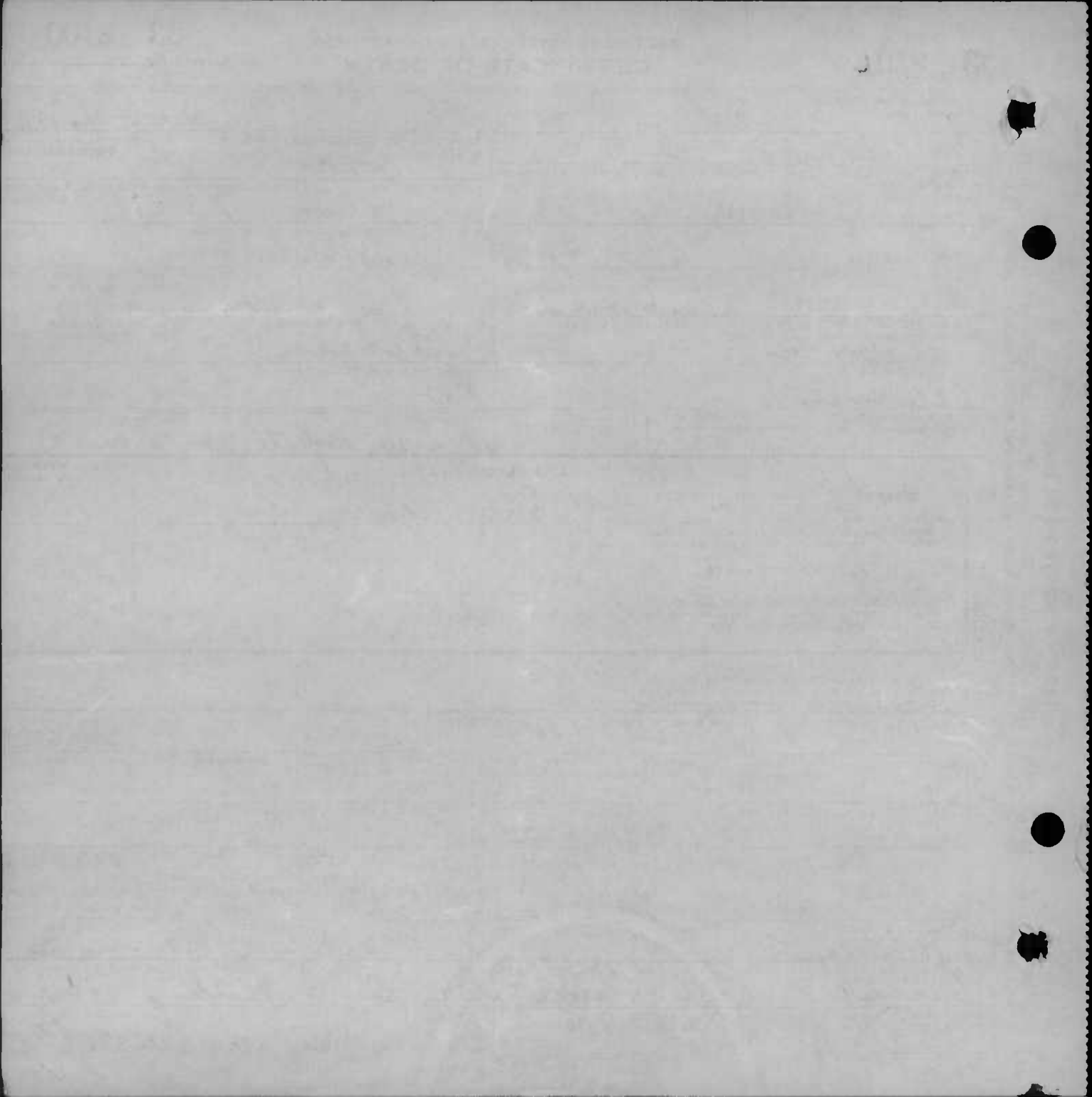
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MAX L. EPSTEIN		2. DATE OF DEATH February 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 45 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3450 Dolfield Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		11. BIRTHPLACE (State or foreign country) Russia	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Aaron		14. MOTHER'S MAIDEN NAME Rose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Sylvia Epstein - same		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-26-53		24C. NAME OF CEMETERY OR CREMATORY Gnai Israel	
24D. LOCATION (City, town, or county) (State) Balto, Md		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Jack Lewis	
24G. FUNERAL DIRECTOR		24H. ADDRESS		24I. 2100 Cutler Rd	

0558FU



53 2101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2101

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONALD STAYLOR

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-08

D. STREET ADDRESS (If rural, give location)

2139 Kirk Ave

c. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept 27-1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

2

10B. KIND OF BUSINESS OR
INDUSTRY

7

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George E. Staylor

14. MOTHER'S MAIDEN NAME

Mamie Delaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-15-162

17. INFORMANT

ADDRESS

Wm Kussle Dundalk 22 - Md

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CORONARY ARTERY Sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held them thercon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
2-22-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 26-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

North Ave. Rose St. Balto. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph Grace Inc. 712-14 E. North Ave

1918 2d

1918 2d

STANDARD TIME

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

210

53 2102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

AB-168063

53 2102

BIRTH NO. 23-00600

1. NAME OF DECEASED (Type or Print) Frederick Carpenter			2. DATE OF DEATH Feb. 23-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 136 W. West St. zone 30		
6. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 12-1953		9. AGE (In years last birthday) 1 If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Frederick Carpenter			14. MOTHER'S MAIDEN NAME John Morgan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave. ADDRESS		

18. **571.0 I** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Diarrhea and dehydration** DUE TO

INTERVAL BETWEEN ONSET AND DEATH **4 days**

ANTECEDENT CAUSES

(B) _____ DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-22- , 19 53 , to 2-23- , 19 53 that I last saw the deceased alive on 2-23- , 19 53 , and that death occurred at 6.55P m. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. H. H.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 2-24-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-25-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cmty	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR W. B. Spriggs ADDRESS 139 W. Hambley St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

918 20

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

W-425

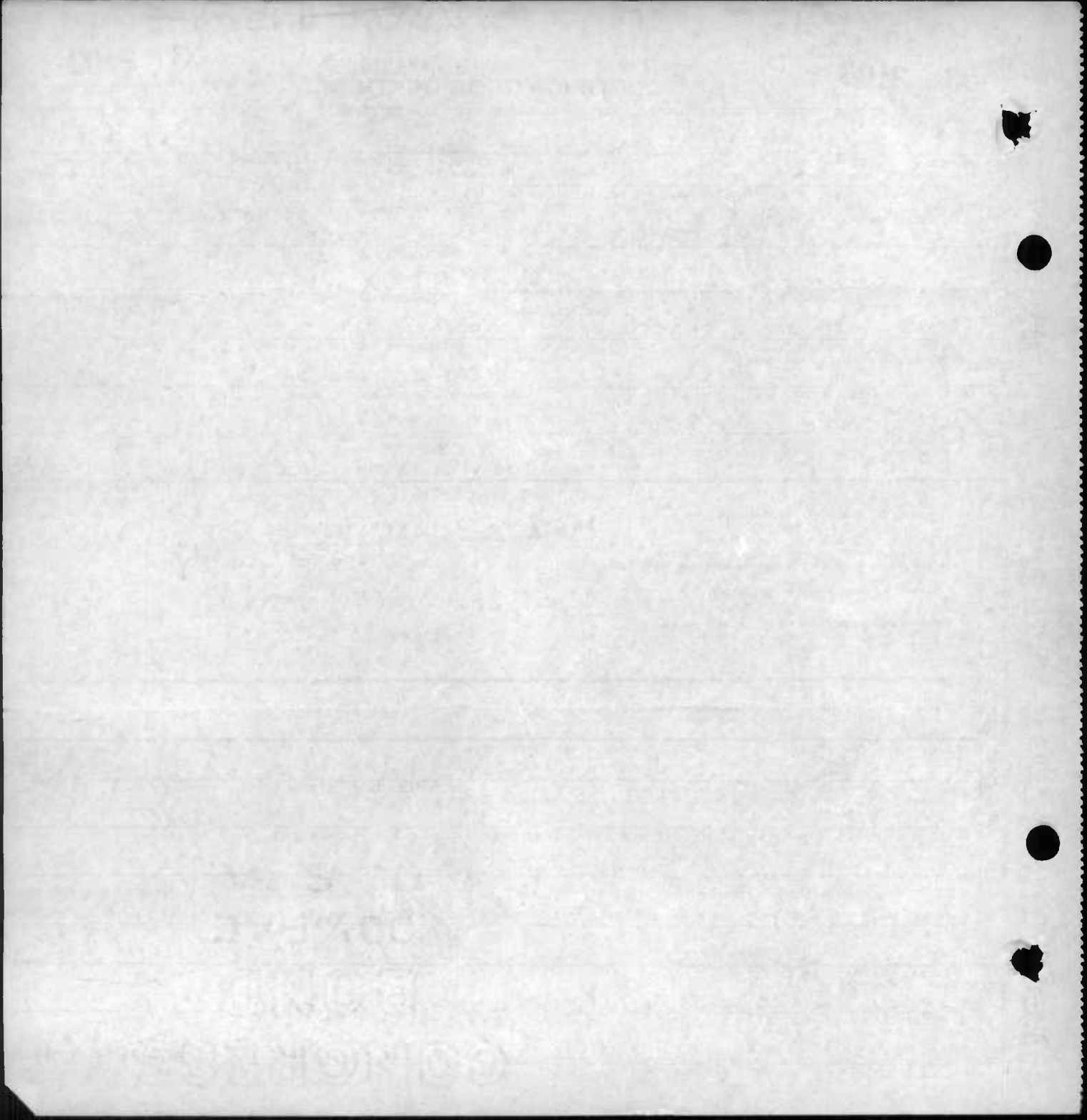
53 2103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2103
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sadie Jane Wilson		2. DATE OF DEATH Feb 22, 1953.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 803 N. Fremont Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
c. Length of stay in Baltimore 27 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 803 N. Fremont Ave	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 46 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Mecklinburg County Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hutchinson Mize		14. MOTHER'S MAIDEN NAME Minerva Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary M. Harris-712 N. Arlington Ave		ADDRESS	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma of mediastinum. DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Duct Cell Carcinoma of Breast DUE TO		7 mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-11-52		19B. MAJOR FINDINGS OF OPERATION Duct Cell Carcinoma of Left Breast.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 15, 1953 , to Feb 22, 1953 , that I last saw the deceased alive on Feb 22, 1953 , and that death occurred at 803 N. Fremont Ave , from the causes and on the date stated above.			
23A. SIGNATURE J. R. Williams		23B. ADDRESS 1222 N. Caroline St	
23C. DATE SIGNED Feb 22-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/25/53	
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Balta. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Charles R. Law		ADDRESS 802 Madison Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2104

BIRTH NO. 53-03324

1. NAME OF DECEASED (Type or Print) *Wm. Karl*2. DATE OF DEATH *2-24-53*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MARYLAND* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

UNION MEMORIAL HOSPITAL

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

*16 days**519 South Wolfe St.*

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

FEB. 8 - 1953

9. AGE (In years last birthday)

If Under 1 Year: Days *16* If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Reeder

14. MOTHER'S MAIDEN NAME

Dorothy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *756.2*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *perforation of anastomosis of gastroenterostomy with peritonitis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Congenital atresia of mid portion of duodenum*
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-12-53

19B. MAJOR FINDINGS OF OPERATION

obstruction at 2nd part of duodenum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *FEB. 8*, 1953, to *FEB 24*, 1953 that I last saw the deceased alive on *FEB 24*, 1953, and that death occurred at *6:00 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Feb 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

Balto. County Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

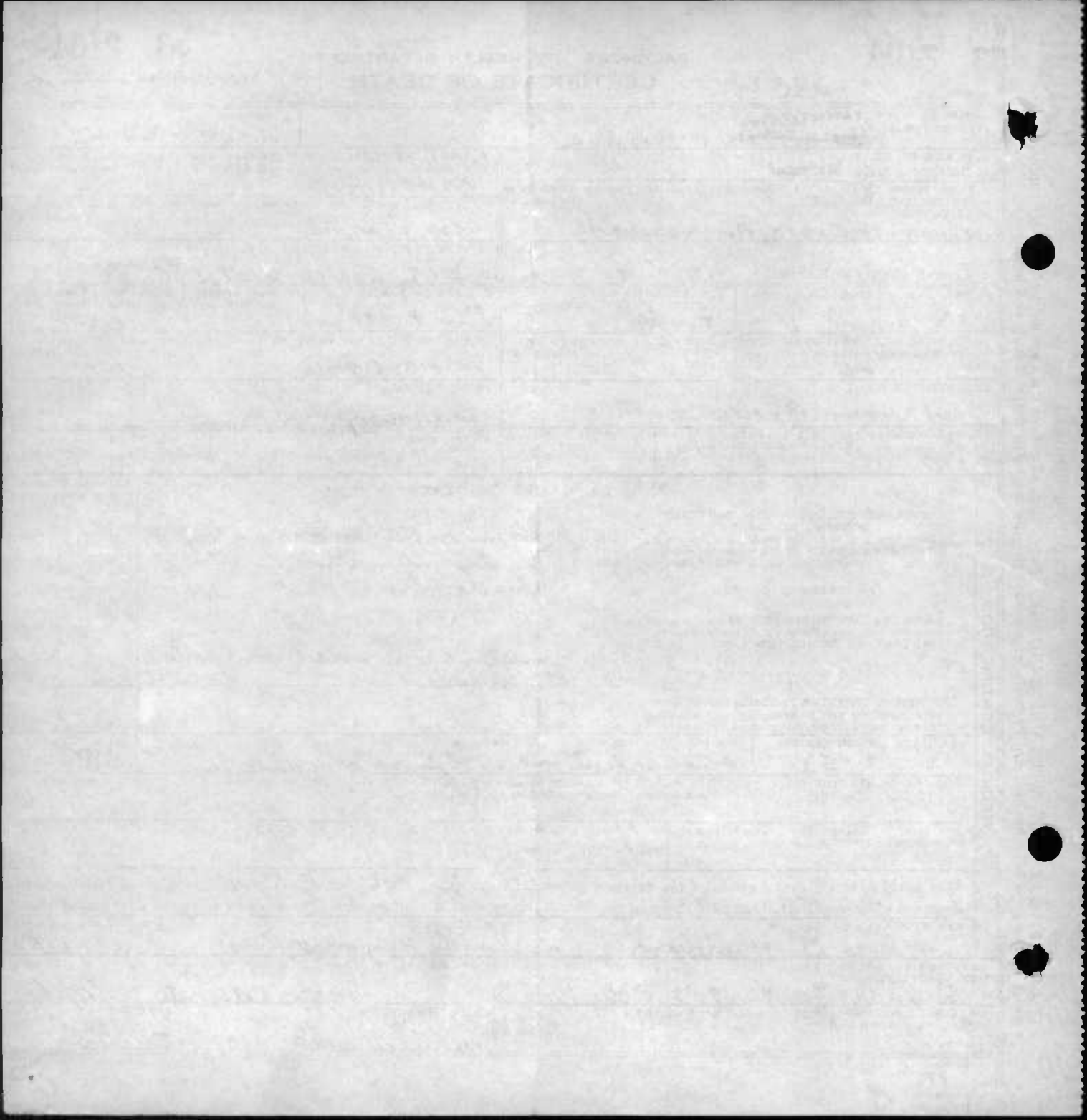
Huntington Williams

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

FEB 25 1953

VS-150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2105
Registered No. _____53 2105
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Julia Michalski			2. DATE OF DEATH Feb. 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION St Paul Nursing Home 609 S. Patterson Pk. Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City / - 03		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 609 S. Patterson Pk. Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1875		9. AGE (in years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Rydzewski			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT James Michalski	
				ADDRESS 609 S. Patterson Pk. Ave	

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PELVIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH sev mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. GENERALIZED ARTERIOSCLEROSIS		sev mos.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1 , 19 52 , to 2-24- , 19 53 , that I last saw the deceased alive on Jan 23 , 19 53 , and that death occurred at 6:00 A. , from the causes and on the date stated above.					
23A. SIGNATURE E. Ellsworth Cole		23B. ADDRESS 2431 MARYLAND AVENUE		23C. DATE SIGNED 2-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 27-1953		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.		24E. NAME OF FUNERAL DIRECTOR Wm. S. Fialkowski		24F. ADDRESS 2007 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR EB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

L-100 BENJAMIN HARRISON LEAF

53 2106

53 2106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Leaf, Benjamin Harrison

2. DATE
OF
DEATH

2/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore 13-06

D. STREET ADDRESS (If rural, give location)

3313 Chestnut Ave.

c. Length of stay in Baltimore

1 day

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/4/1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Revere Copper Brass Inc.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Cornelius Leaf

14. MOTHER'S MAIDEN NAME

Christine H. Limpert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-10-0511

17. INFORMANT

John Leaf

ADDRESS

3313 Chestnut Ave

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic Coma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestion of Liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/14/1953 to 2/24/1953, that I last saw the deceased alive on 2/24/1953 and that death occurred at 5:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Fabian Espinosa

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

2/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27-1953

24C. NAME OF CEMETERY OR CREMATORY

Grind Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

K. Burge Funeral Home 3631 Falls Road

ADDRESS

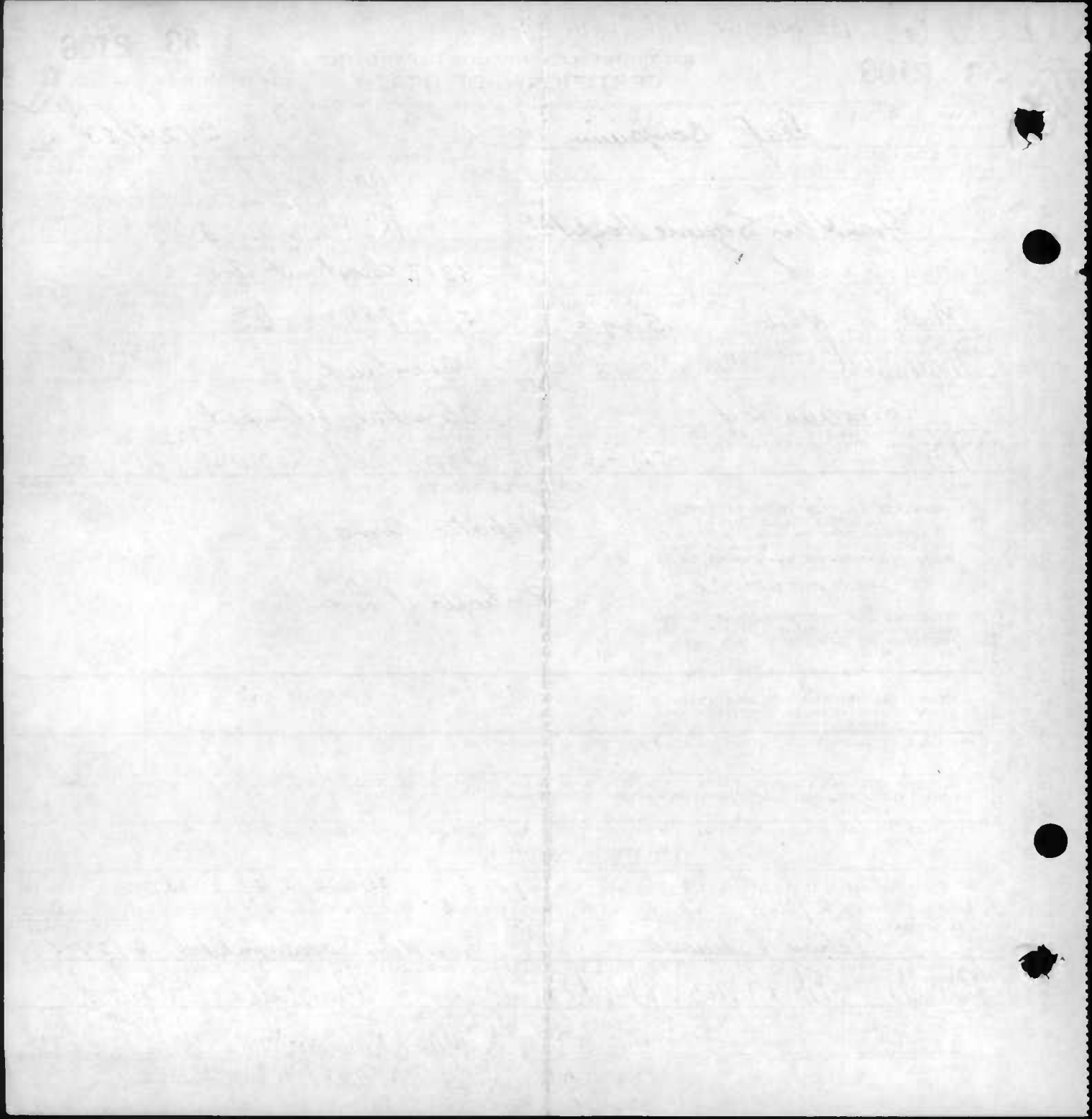
Horace F. Burge

VS 150

5443E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



M. 460 CLARENCE L. MILLER

53 2107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2107

Registered No.

1. NAME OF DECEASED
(Type or Print)

Miller, Clarence L.

2. DATE
OF
DEATH

2/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE Where deceased lived. If institution: residence
A. STATE B. COUNTY (before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-20

c. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6208 Pinlicko Road.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/7/15/92

9. AGE (In years
last birthday)

60

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contract Plasterer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Theodore Miller

Cont.

14. MOTHER'S MAIDEN NAME

Catherine Utz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Rester C. Miller

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio-vascular disease
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1953, to 2/24, 1953, that I last saw the
deceased alive on 2/24, 1953, and that death occurred at 2:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

F. Espinosa

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

2/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 26-1953

24C. NAME OF CEMETERY OR CREMATORY

Miller's U. S.

24D. LOCATION (City, town, or county)

Carroll Co. Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rurges Funeral Home 3631 Fall Road

VS 150

573 24

Norace F. Rurges

WALLER

WALLER

WALLER

WALLER

WALLER

WALLER

WALLER

WALLER

K-560

53 2108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2108
Registered No.1. NAME OF DECEASED
(Type or Print)

WILLIAM ROBER KNORR

2. DATE
OF
DEATH

Feb. 24 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Balto. City Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: Residence
before admission)

A. STATE Md. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

33 Edgewater 5254

D. STREET ADDRESS (If rural, give location)

Middle River

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-8-1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Knorr

14. MOTHER'S MAIDEN NAME

Lena Bick.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

25-284566

17. INFORMANT

ADDRESS

Eloise Knorr - 33 Edgewater

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

ANTECEDENT CAUSES

DUE TO

Myocardial Degeneration

2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chor. Hypertension

DUE TO

(C) Anemia

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

William Knorr M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 4, 1951, to Oct. 4, 1953, that I last saw the
deceased alive on Oct. 4, 1953, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. G. Geyer M.D.

23B. ADDRESS

156 N. Melton Ave.

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1953

Huntington Williams

E. L. Bruffmeyer 1407 Eastern Ave

VALLEY

CONGRESS

SECOND

100% RAS

100% RAS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2109

53 2109

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ADOLPH PRUTZ			2. DATE OF DEATH February 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2316 Madison Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 6, 1861		9. AGE (In years last birthday) 91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Foreman		10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick Prutz			14. MOTHER'S MAIDEN NAME Elizabeth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS William Schenthar, 2335 Eutaw Place		

18. E 8/2.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture Skull fracture		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural hemorrhage Subdural hemorrhage Contusion of brain		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Patterson Avenue and Madison Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 20, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Feb. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/26/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>			

VS 151

N 803.2

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53-2110**

BIRTH NO. **53-2110**

1. NAME OF DECEASED (Type or Print) ERMA E. BOOTHE			2. DATE OF DEATH February 23, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1325 S. Hanover Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1917	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10b. KIND OF BUSINESS OR INDUSTRY Universal Elec. Co		
11. BIRTHPLACE (State or foreign country) Clay Co. W. Va.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles L. Murphy			14. MOTHER'S MAIDEN NAME Ora Boggs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT (sister) Mrs. Mae Furby			ADDRESS 35 S. Fulton Ave.		

18. E 8/2.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of second cervical vertebra XXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Compound comminuted fracture of left lower leg XXXX		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb. 23, 1953		19B. MAJOR FINDINGS OF OPERATION Street		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hanover and Dickman Streets	
21D. TIME (Month) (Day) (Year) (Hour) Feb. 23, 1953 7:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto (hit and run)	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Feb. 25, 1953		24C. NAME OF CEMETERY OR CREMATORY End of the Trail Cemetery	
24D. LOCATION (City, town, or county) (State) East Rainelle, West Virginia		25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St Paul St.			

VS 151 **N 809.0**

6903 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2111**

53 2111

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barry, Joseph Patrick

2. DATE
OF
DEATH

February 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

528 N. Curley Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 11, 1893

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: Days

11 17

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Policeman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Police Dept.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Micheal Barry

14. MOTHER'S MAIDEN NAME

Julia Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-28-3287

17. INFORMANT

ADDRESS

Wife- Josephine Barry 528 N. Curley

18. **540.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Bleeding gastric ulcer with**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Severe secondary anemia**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arrhythmia

19A. DATE OF OPERATION

February 21, 1953

19B. MAJOR FINDINGS OF OPERATION

Bleeding gastric ulcer

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 8, 1953** to **February 24, 1953**, that I last saw the
deceased alive on **Feb. 24, 1953**, and that death occurred at **7:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

John A. Moran

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

Feb. 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Old Fredrick Rd. Balti. Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Balti. St.

Balti., Md.

VS 150

773 93

John A. Moran

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

110

RECEIVED BY THE DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

RECEIVED BY THE DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

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WASHINGTON, D. C.

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WASHINGTON, D. C.

RECEIVED BY THE DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

CERTIFICATE CORRECTED 3-3-53

53 2112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2112

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. ALVIN L. ECKHARDT

2. DATE
OF
DEATH24th Feb. 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

Balt. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy - Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt. City 26-02

c. Length of stay in Baltimore

Little

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5013 Frankford Ave. Balt. 6

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 31st 859. AGE (In years,
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Sewing

10B. KIND OF BUSINESS OR
INDUSTRY

Machine Rep.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alvin L. Eckhardt

14. MOTHER'S MAIDEN NAME

Suzanna Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-09-4965 A

17. INFORMANT

ADDRESS

Mr. Eckhardt (Son) 5013 Frankford Ave.

18. 331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage 2 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23rd, 1953, to 2/24th, 1953, that I last saw the
deceased alive on 2/24th, 1953, and that death occurred at 4³⁰ a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Eckhardt, M. D.

23B. ADDRESS

Mercy - Hospital 2/24/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-28-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Luck, 5305 Harford Rd

ADDRESS

SEP 28

1954

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.



F 452
53 2113BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2113
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEO FOSTER FILLINGER (LEON F.)

2. DATE
OF
DEATH

February 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

16 W. Barney Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (30)

D. STREET ADDRESS (If rural, give location)

16 W. Barney Street

E. Length of stay in Baltimore 35 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 2, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Net & Twine Mfgs.

11. BIRTHPLACE (State or foreign country)

Lock Haven, Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Fillinger

14. MOTHER'S MAIDEN NAME

Amanda (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W W I

16. SOCIAL
SECURITY NO.

212-09-6003

17. INFORMANT

ADDRESS

Mrs. May T. Fillinger (Wife) Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic cardio-

vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 24, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. U.S. Nat'l. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

(A. Howard Evans)

D. Howard Evans

VS 151

763 4F 1400 S. Charles St., Baltimore 30, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATER (1957-58)

(1957)

June 1, 1957

(1957)

PROVINCE OF S. M. (1957) 2000

Province of S. M. (1957) 2000

Province of S. M. (1957) 2000

Province of S. M. (1957) 2000

Province of S. M. (1957) 2000

Province of S. M. (1957) 2000

Province of S. M. (1957) 2000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2144**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara K. Hammer

2. DATE OF DEATH

Thurs. Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

3914 Fourth St

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3914 Fourth St. (25)

c. Length of stay in Baltimore

Life

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 9, 1882

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days

If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Adolph Heim

14. MOTHER'S MAIDEN NAME

Eva Langfelder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Cecil Hammer (Husband) Same

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary thrombosis*

21 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive cardio vascular disease.*

9/13/50

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/13/50*, 1950, to *2/24/*, 1953, that I last saw the deceased alive on *2/23/*, 1953, and that death occurred at *7:45* m., from the causes and on the date stated above.

23A. SIGNATURE

Helen Deilee

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

2/24/53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Fri. Feb. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Gifford Evans

ADDRESS

1400 S Charles St Balto 30 Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1912

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1911

ALBANY:

1912

WILLIAM W. BROWN, JR.,

GOVERNOR

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2115

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY T. HEINZ

2. DATE
OF
DEATH

2-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Agnes

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore City

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

128 Landwehr Lane

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-22-93

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Meat Packer

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Heinz

14. MOTHER'S MAIDEN NAME

Catherine Toepler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Katherine Heinz, 128 Landwehr Lane

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Artery Occlusion

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1953, to 2-24, 1953, that I last saw the
deceased alive on 2-24, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

29040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
SAN FRANCISCO, CALIF.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
SAN FRANCISCO, CALIF.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2116**

BIRTH NO. **2116**

1. NAME OF DECEASED (Type or Print) Lena Warfield			2. DATE OF DEATH Feb. 23/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 21-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1119 W. Ostend St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1119 W. Ostend St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 26/82		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -----Mueller			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hiram Warfield, 1119 W. Ostend St		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Myocardial degeneration	4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	Cerebral Thrombosis, left 12 years
		(C) DUE TO	Arteriosclerotic Vascular Disease 12 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-27 , 19 50 , to 2-23 , 19 53 , that I last saw the deceased alive on Feb 23 , 19 53 , and that death occurred at 4:10 P m., from the causes and on the date stated above.					
23A. SIGNATURE John P. Muck, Jr.		23B. ADDRESS 227 Ward Blvd		23C. DATE SIGNED 2-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/53		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Pk. Dorsey, Md.	

DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave.	
--	--	---	--	--	--

RECHARGE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. RACE		9. RELIGION		10. EDUCATION	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESS		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CORONER		19. SIGNATURE OF JUDGE		20. SIGNATURE OF CLERK	
21. SIGNATURE OF CHURCH		22. SIGNATURE OF FUNERAL HOME		23. SIGNATURE OF BURIAL		24. SIGNATURE OF CREMATION		25. SIGNATURE OF OTHER	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2147
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. MEDIARY

2. DATE
OF
DEATH

February 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

301 S. Monroe Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

B. DATE OF BIRTH

September 22, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. A. OCCUPATION (Give kind of
work done during most of working life, even if retired)

Spinner

10B. KIND OF BUSINESS OR
INDUSTRY

Woolen Mill

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

? Medairy

14. MOTHER'S MAIDEN NAME

Mollie Leister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
217-03-3169

17. INFORMANT

Mrs. Henry Horn

ADDRESS

Oella, Maryland.

1B.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 23, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Feb. 26, 1953.

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd Cemetery

24D. LOCATION (City, town, or county)

Ellicott City, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

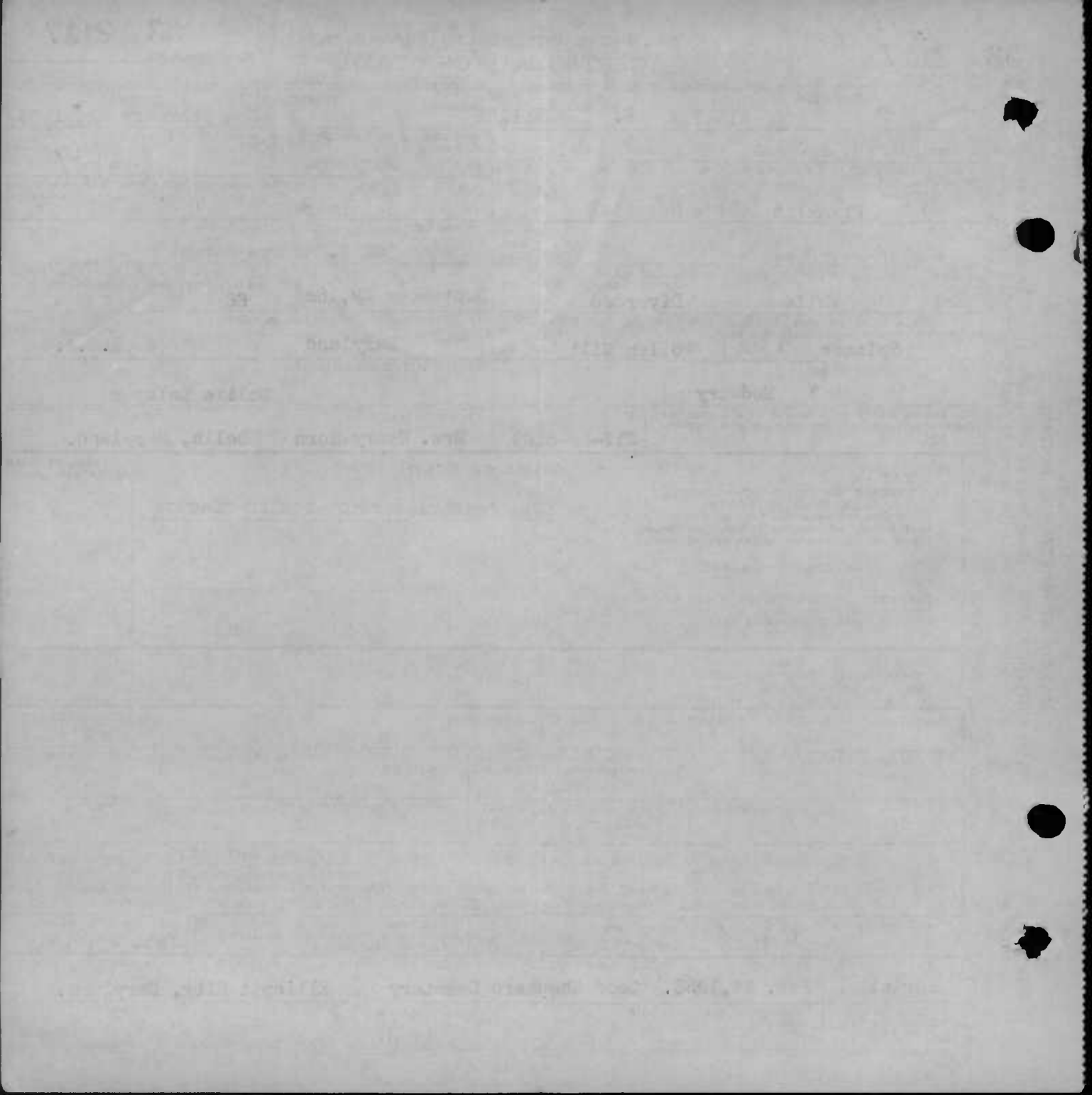
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Easton Sons, Ellicott City, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2118
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Herman Kuehl</i>			2. DATE OF DEATH <i>25 Feb 1953</i> <i>5 a.m.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-01</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>16 Apr 1877</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Kuehl</i>			14. MOTHER'S MAIDEN NAME <i>Louisa Lucas</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage-</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 8</i> , 1953, to <i>Feb 25</i> , 1953, that I last saw the deceased alive on <i>Feb 24</i> , 1953, and that death occurred at <i>5 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gull Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i> M. D.		23C. DATE SIGNED <i>Feb 25-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 28 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>		ADDRESS <i>900 E. Biddle St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>5825 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>			

CERTIFICATE OF DEATH

Number

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Date of death</p>		<p>7. Time of death</p>		<p>8. Place of death</p>	
<p>9. Cause of death</p>		<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Signature of informant</p>		<p>14. Address of informant</p>		<p>15. Date of completion</p>		<p>16. Signature of official</p>	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2119**

BIRTH NO. **300**

1. NAME OF DECEASED
(Type or Print)

Mary E. Ruth

2. DATE OF DEATH

2/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

623 N. Franklinton Rd

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write U.P.A.I. and give township)

D. STREET ADDRESS (If rural, give location)

623 N. Franklinton Rd

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/29/1884

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Max Trumpler

14. MOTHER'S MAIDEN NAME

Susan Leutner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Anna Trumpler 3409 Edmondson Ave

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic cardiovascular disease

unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

chronic malnutrition

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-23-53*, 19*53*, to *2-24-53*, 19*53*, that I last saw the deceased alive on *2-23-53*, 19*53*, and that death occurred at *10⁰⁰ A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Racine

23B. ADDRESS

206 S. Gibor St

23C. DATE SIGNED

2-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

GoK Inc. 1217 St. Paul St.

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

10-10-1918

10-10-1918

STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF HEALTH

10-10-1918

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2120

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Randolph Ray Carr

2. DATE
OF
DEATH

2/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4330 Fairhaven Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

4330 Fairhaven Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 13-1910

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Dorr W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tilman Carr

14. MOTHER'S MAIDEN NAME

Emma Ridgeway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

232-18-9673

17. INFORMANT

ADDRESS

Anna Wilfong 1510 Locust St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16-1953, to 2-24-1953 that I last saw the
deceased alive on 2-23-1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Summers

23B. ADDRESS

1045 Oaklawn

23C. DATE SIGNED

2-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/25/53

24C. NAME OF CEMETERY OR CREMATORY

Marlington

24D. LOCATION (City, town, or county)

Marlington, West Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 25 1953

REGISTRAR'S SIGNATURE

Huntington W. H. H. H.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased: JOHN J. KELLY
2. Sex: Male
3. Age: 45
4. Date of birth: 1915
5. Place of birth: NEW YORK
6. Date of death: 1960
7. Place of death: NEW YORK
8. Cause of death: Heart Disease
9. Manner of death: Natural
10. Signature of physician: [Signature]
11. Signature of registrar: [Signature]
12. Signature of informant: [Signature]

13. Name of informant: JOHN J. KELLY
14. Address of informant: NEW YORK
15. Signature of informant: [Signature]
16. Date of filing: 1960
17. Registrar's office: NEW YORK
18. Registrar's name: [Name]
19. Registrar's title: [Title]
20. Registrar's address: NEW YORK
21. Registrar's phone: [Phone]
22. Registrar's fax: [Fax]
23. Registrar's email: [Email]
24. Registrar's website: [Website]
25. Registrar's social media: [Social Media]
26. Registrar's contact information: [Contact Information]
27. Registrar's office hours: [Office Hours]
28. Registrar's jurisdiction: NEW YORK
29. Registrar's license number: [License Number]
30. Registrar's expiration date: [Expiration Date]
31. Registrar's commission: [Commission]
32. Registrar's seal: [Seal]
33. Registrar's stamp: [Stamp]
34. Registrar's signature: [Signature]
35. Registrar's date: 1960

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2121
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frank J. Rohleder			2. DATE OF DEATH Feb. 25-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 211 N. Chapel St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 6-04		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 211 N. Chapel St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 20 1872		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Retired		10B. KIND OF BUSINESS OR INDUSTRY Grave Digging	11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Rohleder			14. MOTHER'S MAIDEN NAME Margaret Wayhouse		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Joseph J. Rohleder 408 N. Clinton St		

18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic glomerular nephritis.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Arteriosclerosis, prostate hypertrophy			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-21-1953** to **1-25-1953**, that I last saw the deceased alive on **1-25-1953**, and that death occurred at **6:00 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE John J. Ford		23B. ADDRESS 14 N. East ave -24		23C. DATE SIGNED 2-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 28-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balair Rd. Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS Doppel Bros. 1800 E. Lombard St.	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct and complete cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

Name of Deceased: *John A. Smith*
 Date of Death: *May 15, 1924*
 Place of Death: *Home*
 Age: *45*
 Sex: *Male*
 Race: *White*
 Occupation: *Farmer*
 Cause of Death: *Heart Disease*
 Physician: *Dr. J. B. Jones*
 Burial Place: *St. Mary's Cemetery*
 Registrar: *W. H. Brown*
 Date of Registration: *May 16, 1924*

<p> Name of Deceased Date of Death Place of Death Age Sex Race Occupation Cause of Death Physician Burial Place Registrar Date of Registration </p>	<p> Name of Deceased: <i>John A. Smith</i> Date of Death: <i>May 15, 1924</i> Place of Death: <i>Home</i> Age: <i>45</i> Sex: <i>Male</i> Race: <i>White</i> Occupation: <i>Farmer</i> Cause of Death: <i>Heart Disease</i> Physician: <i>Dr. J. B. Jones</i> Burial Place: <i>St. Mary's Cemetery</i> Registrar: <i>W. H. Brown</i> Date of Registration: <i>May 16, 1924</i> </p>
<p> Name of Deceased Date of Death Place of Death Age Sex Race Occupation Cause of Death Physician Burial Place Registrar Date of Registration </p>	<p> Name of Deceased: <i>John A. Smith</i> Date of Death: <i>May 15, 1924</i> Place of Death: <i>Home</i> Age: <i>45</i> Sex: <i>Male</i> Race: <i>White</i> Occupation: <i>Farmer</i> Cause of Death: <i>Heart Disease</i> Physician: <i>Dr. J. B. Jones</i> Burial Place: <i>St. Mary's Cemetery</i> Registrar: <i>W. H. Brown</i> Date of Registration: <i>May 16, 1924</i> </p>

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2122**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALMA F McCauley

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3602 Rosedale Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3602 Rosedale Rd.

c. Length of stay in Baltimore
Yrs. Mos. Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 7, 1868

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Zrazier

14. MOTHER'S MAIDEN NAME

-- Mann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edgar McCauley - 3602 Rosedale Rd.

18. **434.1 and E 903.0** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Congestive Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Fracture of hip (left) Oct 24 1952

(C)

CERTIFICATION APPROVED BY

William J. Vickener
CHIEF OR ASSISTANT MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 24-53

19B. MAJOR FINDINGS OF OPERATION

Fracture of left humerus, "Pin"

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3602 Rosedale Rd. Balt. Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Oct 24-53 - 3:00 PM

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell back while climbing stairs

22. I hereby certify that I attended the deceased from **Oct 24, 1952** to **Feb 23, 1953**, that I last saw the deceased alive on **Feb 23, 1953**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Warrum

23B. ADDRESS

2607 Garrison Ave

23C. DATE SIGNED

2-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1953

REGISTRAR'S SIGNATURE

Thurston M. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickener & Sons

ADDRESS

Balto 17, Md.

VS 150

Li. 6351 N-630.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2123**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM BOND GILLIGAN

2. DATE OF DEATH **Feb. 23, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3406 Elgin Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give name and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3406 Elgin Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 9, 1872

9. AGE (in years last birthday)

80

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sec. & Treas. (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Gilligan

14. MOTHER'S MAIDEN NAME

Frances Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

Spanish-American

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Maude F. Gilligan-3406 Elgin Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **myocarditis**
DUE TO **Cardio-vascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arterio sclerosis**
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

about 6 mo
about 1 yr

P

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 9**, 1952, to **Feb 23**, 1953, that I last saw the deceased alive on **Feb. 22**, 1953, and that death occurred at **1 PM** m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Giblin

23B. ADDRESS

22 W. Garrison Blvd

23C. DATE SIGNED

Feb. 24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1953

REGISTRAR'S SIGNATURE

Huntington W. W. W.

25. FUNERAL DIRECTOR

Wm. J. Dickson & Sons

ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2124

BIRTH NO. 53 2124

1. NAME OF DECEASED (Type or Print) <u>JAMES PLEASANT OLIVER</u>			2. DATE OF DEATH <u>FEBRUARY 24, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>20-04</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2144 Boyd St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
c. Length of stay in Baltimore <u>LIFE</u>			D. STREET ADDRESS (If rural, give location) <u>2144 Boyd St.</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 23, 1889</u>	9. AGE (in years last birthday) <u>63</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Bldg. Construction</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13. FATHER'S NAME <u>Unknown</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		
16. SOCIAL SECURITY NO. <u>217-10-6819</u>			17. INFORMANT ADDRESS <u>MRS. ALMA OLIVER 2144 Boyd St.</u>		

18. <u>073X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cardiac failure</u> <u>Syphilitic Cardio-Renal Disease</u>		CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1950, to Feb 24, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Albert Scagnetti</u> M. D.		23B. ADDRESS <u>1729 W Lombard St</u>		23C. DATE SIGNED <u>2/25/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>Feb. 27, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>WESTERN</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE MARYLAND</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 25 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>		
		25. FUNERAL DIRECTOR ADDRESS <u>George L. Schwab 2101 Frederick Ave</u>		

1005 10

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN		SIGNATURE OF JUDGE		SIGNATURE OF CORONER	
DATE OF BIRTH		DATE OF DEATH		PLACE OF BIRTH		PLACE OF DEATH		DATE OF BURIAL		PLACE OF BURIAL	
NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN		SIGNATURE OF JUDGE		SIGNATURE OF CORONER	
DATE OF BIRTH		DATE OF DEATH		PLACE OF BIRTH		PLACE OF DEATH		DATE OF BURIAL		PLACE OF BURIAL	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2125
Registered No. _____

BIRTH NO. 422		53 2125	
1. NAME OF DECEASED (Type or Print) Robert C. Fulkoske		2. DATE OF DEATH Feb. 23/1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1315 Decatur		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE 1315 Decatur B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1315 Decatur St.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore, Md.	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1415 Decatur St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 7/1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel		11. BIRTHPLACE (State or foreign country) U. S. A.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Fulkoske		14. MOTHER'S MAIDEN NAME Jane Little	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 215-167731	
17. INFORMANT Mrs. Cyrus Fulkoske		ADDRESS 1315 Decatur St.	
18. 16 rx I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Bronchogenic Carcinoma 8 mos. DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Metastases to neck (cervical glands)			
19A. DATE OF OPERATION 0 Aug 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Lung	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 5, 1952, to Feb 23, 1953, that I last saw the deceased alive on 2/27/1953 and that death occurred at 5 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Isaac Miller M.D.		23B. ADDRESS 1228 Charles St.	
23C. DATE SIGNED 2/24/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/53	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.		24D. LOCATION (City, town, or county) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Charles F. Dill		ADDRESS 1501 E. Fort ave.	

STANLEY
LONGER
FOND
STOCKING

N-120
MAR/ 137928

53 2126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2126

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Andrew Novick			2. DATE OF DEATH Feb. 8, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
C. Length of stay in Baltimore 38 yrs.			D. STREET ADDRESS (If rural, give location) Balto. City Hospital, 4940 Eastern Ave.						
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug. 14, 1890		9. AGE (In years last birthday) 62		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Stephen Novick			14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Records:		ADDRESS Baltimore City Hospitals 4940 Eastern Ave.			
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Infarction DUE TO ANTECEDENT CAUSES Hypertensive Cardio- Vascular Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5-9 , 19 50 , to 2-8 , 19 53 , that I last saw the deceased alive on 2-8 , 19 53 , and that death occurred at 11:15p m., from the causes and on the date stated above.									
23A. SIGNATURE <i>H. J. Jones</i>			23B. ADDRESS 4940 Eastern Ave, Balto, Md.			23C. DATE SIGNED 2-8-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/25/53		24C. NAME OF CEMETERY OR CREMATORY Russian		24D. LOCATION (City, town, or county) (State) Elbridge, Md.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			25. FUNERAL DIRECTOR Charles F. Dill		ADDRESS Balto. Md.		

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO.

DATE

TIME

PLACE

CAUSE

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2127
Registered No. 53 2127

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET EMRICH

2. DATE
OF
DEATH

2-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4205 ARIZONA AVE.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO. MD.

D. STREET ADDRESS (If rural, give location)

2313 GREENMOUNT AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1865

9. AGE (In years
last birthday)

84

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN MANNION

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

MRS. MARY GOLDMAN - 4205 ARIZONA AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

INTESTINAL OBSTRUCTION

3 hrs 3 days

DUE TO

ANTECEDENT CAUSES

(B)

Cause unknown

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1953, to 2/23, 1953, that I last saw the
deceased alive on 2/22, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. MACHEN

23B. ADDRESS

6331 Belair Rd. (6)

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-26-53

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hedfield & Son (I.)
Greenmount Ave 23rd St

CERTIFICATE OF DEATH

REPORT OF HEALTH DEPARTMENT

Form No. 1

1. Name of Deceased

2. Sex

3. Age

4. Race

5. Date of Death

6. Time of Death

7. Cause of Death

8. Place of Death

9. Signature of Physician

10. Signature of Registrar

11. Signature of Coroner

12. Signature of Medical Examiner

13. Signature of Health Officer

14. Signature of Burial Officer

15. Signature of Undertaker

16. Signature of Funeral Home

17. Signature of Cemetery

18. Signature of Interment

19. Signature of Burial

20. Signature of Burial

21. Signature of Burial

22. Signature of Burial

23. Signature of Burial

24. Signature of Burial

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2128

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1457 Light

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months

(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto 24-03
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1457 Light
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME

Amanda B Walker 443X

3 (b) If veteran, name war

3 (c) Social Security Account No. NO

4. Sex

X

5. Color or race

W

6 (a) Single, married, widowed or divorced.

widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

March 8-1964

8. AGE:

Years 85

Months

Days

If less than one day

hr.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual Occupation

None

11. Industry or business

None

FATHER

12. Name

Thomas B Lee

13. Birthplace

Maryland

MOTHER

14. Maiden Name

Rebecca Purdy

15. Birthplace

Md

16 (a) Informant

Des Hickey

(b) Address

1457 Light St Balto

17 (a)

Burial

(b) Date thereof

Feb 28/53

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Hope Chapel

Location

a 200 md

18 (a) Funeral director

B L Hopkins & Son

(b) Address

4000 E. Ave

19 (a)

FEB 25 1953

(b) Huntington Williams, Jr.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

2/25

19 53, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 48 to 2/24 19 53, and that I last saw her alive on 2/23 19 53.

Immediate cause of death

Cardiac Failure

Due to

Hypertensive Cardiovascular Disease

Due to

arteriosclerosis

Other Conditions

Peripheral edema, Pitting edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Thos J. Jamurski

Address

5711 Eastern Ave

Date signed 2/25/53

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2129**

BIRTH NO. **520**

1. NAME OF DECEASED
(Type or Print)

ISAAC LEWIS LONG

2. DATE
OF
DEATH

26 FEB 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2915 MOSHER ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2915 MOSHER ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

FEB. 6, 1864

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RET FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

OWN FARM

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JESSE LONG

14. MOTHER'S MAIDEN NAME

GEORGIANA GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. JOHNE E. BITZEL BALTIMORE, MD.

18.

442X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Cerebral Thrombosis**

ANTECEDENT CAUSES

DUE TO

**Advanced arteriosclerosis and
Hypertensive Cardio-vascular disease.**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **10 Aug 1951**, to **26 Feb 1953**, that I last saw the deceased alive on **25 Feb 1953**, and that death occurred at **4:05 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Henning Jr.

M. D.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

26 Feb 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

WESTMINSTER CEMETERY

24D. LOCATION (City, town, or county)

WESTMINSTER, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 26 1953

REGISTRAR'S SIGNATURE

Henning

25. FUNERAL DIRECTOR

JOHN R. BYERS WESTMINSTER, MD.

ADDRESS

General Thompson

General Thompson
General Thompson
General Thompson

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2130

Registered No. _____

53 2130
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTIN J. GAMBER Sr.

2. DATE
OF
DEATH

25th Feb. '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Mercy Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore *Life*

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
212 Glade Ave #8

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W.

8. DATE OF BIRTH

Nov. 11th 1887

9. AGE (in years last birthday)

65 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Painter

10B. KIND OF BUSINESS OR INDUSTRY
Gas. & Elec. Co.

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

ALBERT GAMBER

14. MOTHER'S MAIDEN NAME

ELLA ZENTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
none

16. SOCIAL SECURITY NO.
212-05-5328

17. INFORMANT

Hospital Records

ADDRESS

18.

153 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Recurrent Carcinoma of Colon*

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cardio Vascular Renal Disease*

?

(C) *Partial Intestinal obstruction*
Perforated Sigmoid with Peritonitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2/11/1953* to *2/25/53*, 19*53*, that I last saw the deceased alive on *2/11/1953*, and that death occurred at *4:10 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

M. K. Quinn M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

Feb. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1953

Huntington Williams, Jr.

B. Vernon Lamm 4611 Park Heights Ave.

VS 150

5645E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

DEPARTMENT OF HEALTH
BUREAU OF VITALS
STATE OF NEW YORK

1911

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1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2131
Registered No.1. NAME OF DECEASED
(Type or Print)

Elizabeth O. Perkins

2. DATE
OF
DEATH

Feb. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

822 N. Carrollton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)
822 N. Carrollton Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)
71If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Sedden

14. MOTHER'S MAIDEN NAME

Leavenia Hackley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Henry Hammond 187 New St.
Orange, N. J.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE

DUE TO

(C)

6 years?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to 2-23, 1953, that I last saw the
deceased alive on 2-23, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

2-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-26-53

24C. NAME OF CEMETERY OR CREMATORY

Brewer Hill Cem.

24D. LOCATION (City, town, or county)

Annapolis, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 578

Mt. Francis C. Healey, Biddle St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

100-100000

100-100000

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2132
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kedzierski, Joseph Or (Joseph King)

2. DATE
OF
DEATH

February 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1912 Aliceanna St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

March 4th, 1895

9. AGE (In years last birthday)

57

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR INDUSTRY

Eng. Co. Am. Smelting & Refin.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kedzierski

14. MOTHER'S MAIDEN NAME

Pelagia Wlodarek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
212-10-2039

17. INFORMANT

ADDRESS

Veronica De, Martin 1912 Aliceanna Street

18. **331X and 002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral vascular hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis, generalized**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Tuberculosis, right lung

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **February 20, 1953** to **February 25, 1953** that I last saw the deceased alive on **Feb. 25, 1953**, and that death occurred at **7:00a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

R. Cassinelli

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Feb. 25, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 28-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county) (State)

1300 Dundalk Ave-Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 S. Ann St.

VS 150

6903C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct and is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2133
Registered No.

BIRTH NO. 53 2133

1. NAME OF DECEASED (Type or Print) <i>Joseph Jones</i>			2. DATE OF DEATH <i>Feb. 24, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1113 W. Lammale St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 16-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1113 W. Lammale St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 6, 1898</i>	9. AGE (In years last birthday) <i>54</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Factory</i>	11. BIRTHPLACE (State or foreign country) <i>Calverton Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Marshall Jones</i>			14. MOTHER'S MAIDEN NAME <i>Susan White</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, enter unknown) <i>No.</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>John H. Jones</i>		ADDRESS <i>241 Rustic Ave.</i>

18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Broncho-Pneumonia</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
---	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Feb 5, 1953</i> to <i>Feb 19, 1953</i> that I last saw the deceased alive on <i>Feb 12, 1953</i> and that death occurred at <i>11:15 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>W. H. Watts</i>		23B. ADDRESS <i>515 6th St.</i>		23C. DATE SIGNED <i>2/19/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 26, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Pleasant Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Calverton, Va.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 26 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>	
ADDRESS <i>322 N. Schenck St.</i>			

VS 150

55444

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF MARYLAND
BALTIMORE CITY
HEALTH DEPARTMENT
OFFICE OF THE REGISTRAR
100 NORTH EIGHTH STREET
BALTIMORE, MARYLAND 21202

JAN 11 1964

JAN 11 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2134**

1. NAME OF DECEASED (Type or Print) AMBROSE V. GANLEY		2. DATE OF DEATH 2.25.1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 118 S. MORLEY ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-07	
c. Length of stay in Baltimore 60 Yrs. 00 Mos. 00 Days		D. STREET ADDRESS (If rural, give location) 118 S. MORLEY ST	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 13-1881
10A. USUAL OCCUPATION (Give kind of work and rising most of working life, if retired) WATER DEPT RET. BALTO CITY		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Phillip GANLEY		14. MOTHER'S MAIDEN NAME Emily Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MARY F. UHLEN		ADDRESS 118 S. MORLEY ST	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Seven previous attacks		DUE TO Age	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Infected Embolus		years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 2, 1953 to Feb 25, 1953 that I last saw the deceased alive on 2/23, 1953 , and that death occurred at 7:25 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Curt Reiff		23B. ADDRESS 4605 Edmondson ave	
23C. DATE SIGNED 2/25/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2.28.53	
24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTO Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1953		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR 69093 Pratt & Stricker Sts		ADDRESS 1070 E. B. M. Walters	

1919 10

V S B
W R D
D N O R
S E N O
A T T E Y

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2135**

BIRTH NO. **53 2135**

1. NAME OF DECEASED (Type or Print) Alpheus W. Ahring			2. DATE OF DEATH Feb. 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2705 Harlem Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2705 Harlem Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/10/1900		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Invalid	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William F. Ahring			14. MOTHER'S MAIDEN NAME Mollie R. Reynolds		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT ADDRESS James E. Klaus 2705 Harlem Ave. 16		

18. 450.0 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial arteriosclerosis disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2-24-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-14-41 , 19__, to 2-24-53 , 19__, that I last saw the deceased alive on 2-24-53 , 19__, and that death occurred at 2-24-53 m., from the causes and on the date stated above.					
23A. SIGNATURE Harry S. Gumbel		23B. ADDRESS 2703 Chumley		23C. DATE SIGNED 2-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/28/53		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS John T. Stansbury 2700 Edmondson Ave.			

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

1900

Blank certificate form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2136

BIRTH NO. 325 2136

1. NAME OF DECEASED (Type or Print)		ROBERT WATKINS		2. DATE OF DEATH February 25, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1031 N. Gay Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 23 1920	9. AGE (In years last birthday) 33	10. BIRTHPLACE (State or foreign country) Halifax Va.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Lorenzo Watkins		14. MOTHER'S MAIDEN NAME Fannie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Minnie Watkins	
				ADDRESS 1031 N. Gay St	

18. E 815.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushed chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mediastinal and subcutaneous emphysema

(C) Skull fracture

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Eden and Preston Streets 10-1	
21d. TIME (Month) (Day) (Year) (Hour) Feb. 24, 1953 1:00 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? trailer truck Driving motorcycle & collided with	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William V. Smith		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED Feb. 25, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion National Cem.	
24d. LOCATION (City, town, or county) (State) Baltimore Md.		24e. NAME OF CEMETERY OR CREMATORY Mt. Zion National Cem.		24f. LOCATION (City, town, or county) (State) Baltimore Md.	
24g. DATE RECEIVED BY LOCAL REGISTRAR Feb 26 1953		24h. REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Mrs. Robert G. Elliott	
				ADDRESS 1129 N. Caroline St.	

VS 151

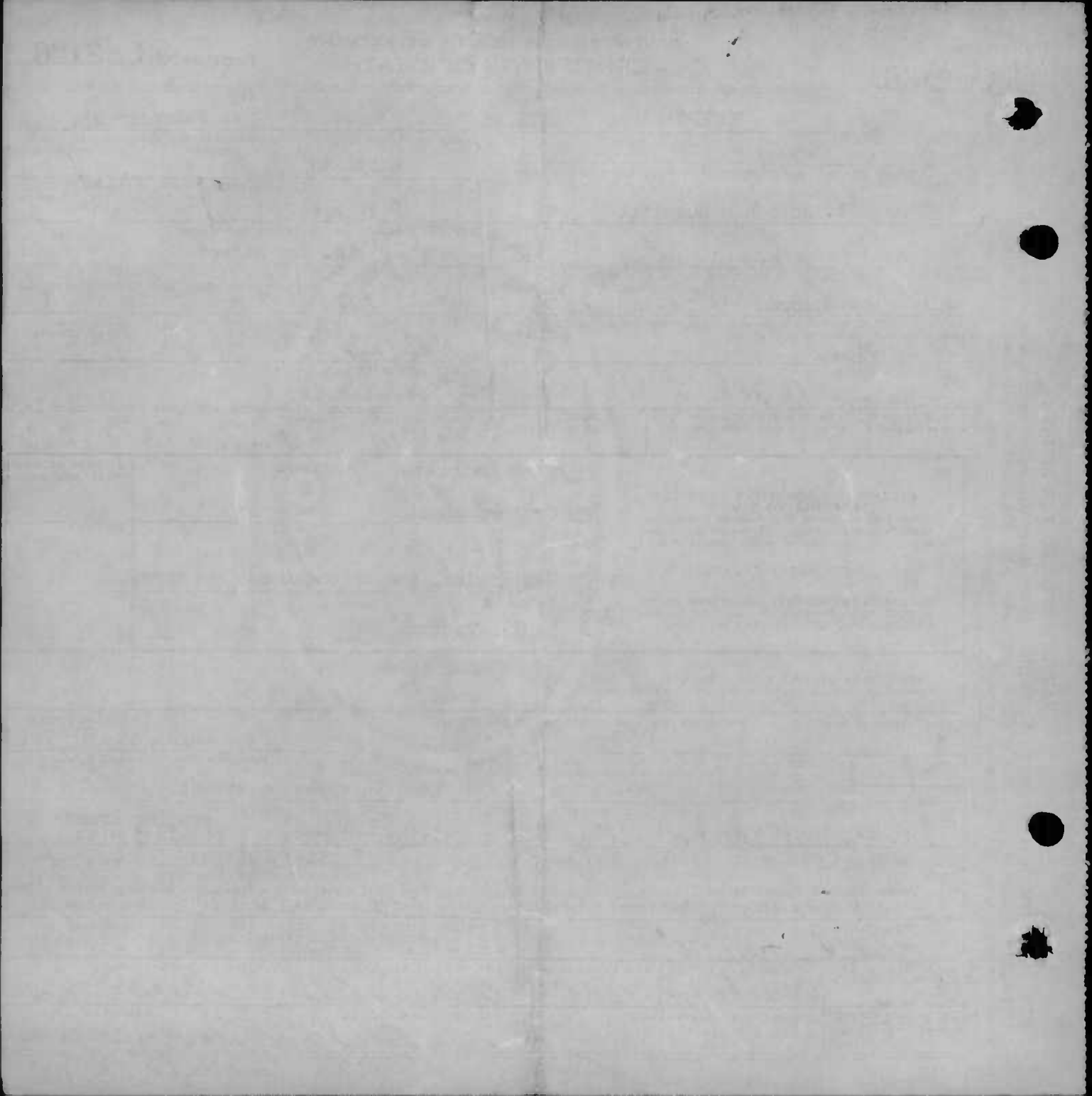
N-804.2

68352

1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2137**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Rose Rodausky*2. DATE
OF
DEATH*February 24, 1953*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *JOHNS HOPKINS HOSPITAL*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2428 Plainfield Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8-16-93

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew Wozniak

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *UREMIA*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

NEPHROSCLEROSIS

DUE TO

(C) *ARTEROSCLEROTIC CARDIOVASCULAR DISEASE*

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-23*, 1953, to *2-24*, 1953, that I last saw the deceased alive on *2-24*, 1953, and that death occurred at *6:55 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. Owens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-28-53

24C. NAME OF CEMETERY OR CREMATORY

Mount Hope Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. C. G. Galt

ADDRESS

4038 W. 11th St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2138**

BIRTH NO. **53 2138**

1. NAME OF DECEASED (Type or Print) BEATRICE JOHNSON			2. DATE OF DEATH 2-17-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY 17-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD		
c. Length of stay in Baltimore 15 Yrs. <input checked="" type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days <input type="checkbox"/>			D. STREET ADDRESS (If rural, give location) 519 W. RIDGLE		
5. SEX F	6. COLOR OR RACE B	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 5, 1916	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY ?		
13. FATHER'S NAME Charles Cooper			14. MOTHER'S MAIDEN NAME Emma?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. ?		
			17. INFORMANT ADDRESS HOSP RECORDS		

18. 330X and 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Subarachnoid Hemorrhage 8 hrs DUE TO	CAUSE OF DEATH (B) Cerebral/arterial aneurysm DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ?	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **POST-OPERATIVE (2 yrs) CABOT Chest**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-17**, 19**53**, to **2-17**, 19**53** that I last saw the deceased alive on **2-17**, 19**53**, and that death occurred **at 4:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Charles R. Swann		23B. ADDRESS Mercy Hosp		23C. DATE SIGNED 2-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Maryland		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Mr. R. Halstead - 918. Spruit Hill ave.			

8313

24

RECEIVED

OFFICE OF THE

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2139

BIRTH NO. 53 2139

1. NAME OF DECEASED
(Type or Print)

WANDA JEAN HENSON

2. DATE
OF
DEATH

FEB 25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

ST. JOSEPH HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

DUNDALLY

5353

township)

D. STREET ADDRESS (If rural, give location)

3121 SOLLERS POINT ROAD

c. Length of stay in Baltimore

11 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB 5, 1952

9. AGE (In years

last birthday)

1

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN E. HENSON

14. MOTHER'S MAIDEN NAME

BETTY HAMMONDS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

BETTY HENSON, 3121 SOLLERS POINT RD

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bilateral Bronchial
Pneumonia (Unrel)

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-1953 to 2-25-1953 that I last saw the
deceased alive on 2-25-1953, and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene F. Neely

M. D.

23B. ADDRESS

7001 Morning Tan Rd

23C. DATE SIGNED

2-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

FEB 26-1953

24C. NAME OF CEMETERY OR CREMATORY

WESTERN PRONG

24D. LOCATION (City, town, or county)

WHITEVILLE N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

VULFRICH FUNERAL HOME 2112 DUNDALLY AV

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2140
Registered No. _____

53 560 2140
BIRTH NO. 51-06650

1. NAME OF DECEASED (Type or Print) JOSEPH G. THANNER			2. DATE OF DEATH FEB. 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3417 Shannon Drive			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2603		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3417 Shannon Drive		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Mar. 23, 1951	9. AGE (In years last birthday) 1	If Under 1 Year Months Days 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph E. Thanner			14. MOTHER'S MAIDEN NAME Mary H. Curry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. & Mrs. Jos. E. Thanner, same		

18. 057.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Waterhouse - Friedreichsen Dis. DUE TO (B) Meningo coccemia DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
--	--	---

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 23, 1951, to Feb 25, 1953 that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 2:45 Am., from the causes and on the date stated above.			
23A. SIGNATURE Walter Spurner M.D.	23B. ADDRESS 3603 Edmondson Ave	23C. DATE SIGNED 2/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/27/53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR FLB 26 1953	REGISTRAR'S SIGNATURE Huntington 2/27/53	FUNERAL DIRECTOR R. J. Ruck ADDRESS Leonard J. Ruck 5305 Harford Road.	

CERTIFICATE OF DEATH

7. 8. 1911

II

Dr. Spurley
2603 Edmondson

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2141
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATIE E. SCHWARZ

2. DATE
OF
DEATH

Feb. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

8305 St. Paul Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1671 Cliftview Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 9, 1878

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Henry Walper

14. MOTHER'S MAIDEN NAME

Wilhelmina ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George H. Schwarz, 45 Burke Ave.

18. 442X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1952, to 2/20, 1953, that I last saw the deceased alive on 2/27, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1953

Huntington Williams, M.D. Leonard J. Ruck, 5305 Harford Road.

7-9

Dr. Pratt
8402 Greenway

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

PECZARYCIA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2142
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Peczarycia, Wasy</i>		2. DATE OF DEATH <i>2-23-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>22</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>309 S. Sharp St</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (in years last birthday) <i>21</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>541.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) perforated peptic ulcer</i> DUE TO <i>= peritonitis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> DUE TO <i>(C)</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2-23-53</i>		19B. MAJOR FINDINGS OF OPERATION <i>perforated peptic ulcer, peritonitis</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-23</i> , 19 <i>53</i> to <i>2-23</i> , 19 <i>53</i> that I last saw the deceased alive on <i>2-23</i> , 19 <i>53</i> , and that death occurred at <i>1030 P.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. L. Heimer</i>		23B. ADDRESS <i>Univ Hosp</i>		23C. DATE SIGNED <i>2-23-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/26/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	
24D. LOCATION (City, town, or county) (State) <i>German Hill Rd</i>		25. FUNERAL DIRECTOR ADDRESS <i>John J. Faley & Sons 1218 Light</i>			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2143
Registered No.

200
53 2143
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter W. Chase			2. DATE OF DEATH 2/24/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 1016 Whatcoat St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 45 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1016 Whatcoat St		
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/1/1886		9. AGE (In years last birthday) 66 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook & Waiter		10B. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (State or foreign country) Sykesville, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Warner Chase			14. MOTHER'S MAIDEN NAME Sarah Prater		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Annie Chase, 1016 Whatcoat St.		

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A.H.C.V.D Wirh Cardiac Decompen. ?		INTERVAL BETWEEN ONSET AND DEATH 2 Mo
(A) DUE TO Cerebral accident with paral.		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ulcer of left foot		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

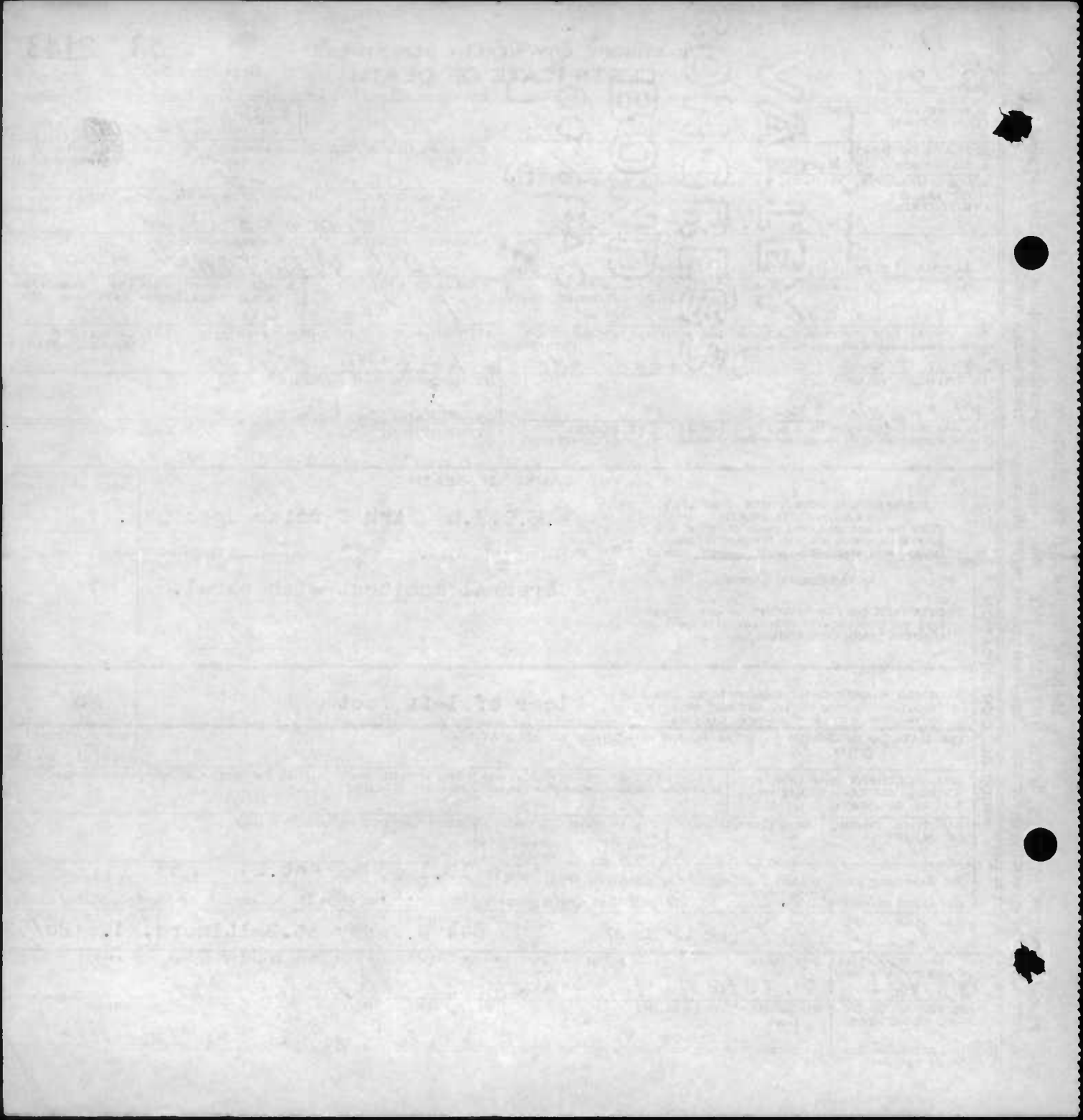
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1953 , to Feb. 24, 1953 , that I last saw the deceased alive on Feb. 23, 1953 , and that death occurred at 2 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Ann McDonald		23B. ADDRESS 844 N. Carey St. Baltimore, Md.		23C. DATE SIGNED 2/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/53		24C. NAME OF CEMETERY OR CREMATORY Mount Auburn	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Charles L. Law, 803 Mad. Ave.	

FEB 26 1953
VS 150

720 8A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2144**

BIRTH NO. **635**

1. NAME OF DECEASED (Type or Print) SAMUEL GORDON		2. DATE OF DEATH February 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 47 Yrs		D. STREET ADDRESS (If rural, give location) 2418 Presbury Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Maker		10B. KIND OF BUSINESS OR INDUSTRY Own Business	
13. FATHER'S NAME Gordon		14. MOTHER'S MAIDEN NAME Unkown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Sylvia Freiman		ADDRESS 2418 Presbury St	

MEDICAL CERTIFICATION

18. E974X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to hanging DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION Feb. 25, 1953	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2418 Presbury Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 25, 1953 7:00 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Hanged self from pipe in cellar
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William J. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 25, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 27, 1953	24C. NAME OF CEMETERY OR CREMATORY Har Zion Congregation
24D. LOCATION (City, town, or county) (State) Baltimore "d"	25. FUNERAL DIRECTOR Sal. Levinson, Bros	ADDRESS North Ave

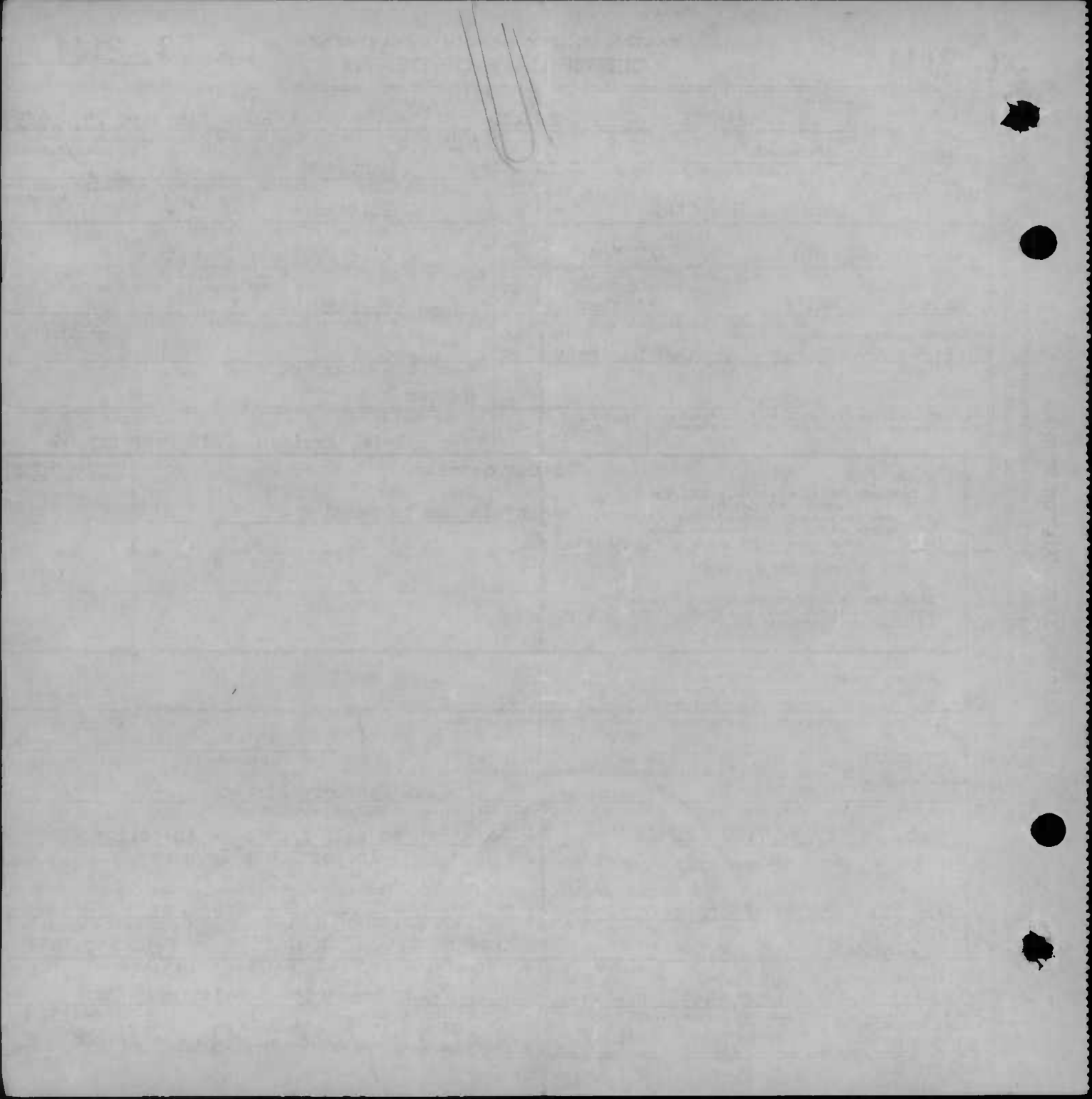
DATE RECEIVED BY LOCAL REGISTRAR
FEB 26 1953

REGISTRAR'S SIGNATURE
Huntington [Signature]

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)				CASSIE F. CORWIN		2. DATE OF DEATH Feb. 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5700 Rockspring Rd.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 5700 Rockspring Rd.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 2, 1862		9. AGE (In years last birthday) 90		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Foster			14. MOTHER'S MAIDEN NAME Lillie Scott				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. W. S. Reeves - 5700 Rockspring Rd.			
18. 480X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Pneumonia Complicating Flu (B) Pernicious Anemia (C) Generalized Osteoarthritis		INTERVAL BETWEEN ONSET AND DEATH 24 hr. 16 day. 1 yr. 5 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/6/51, 19, to 2/25, 1953 that I last saw the deceased alive on 2/25, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23A. SIGNATURE E. Kenneth R. O'Leary		M. D.		23B. ADDRESS 2212 South Paul		23C. DATE SIGNED 2/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2/26/52		24C. NAME OF CEMETERY OR CREMATORY Valley View Cem.		24D. LOCATION (City, town, or county) (State) Rock Valley, Iowa	
DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. M. J. Vickers & Sons		ADDRESS Barto 17, Md.	

CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No.			
1. NAME OF DECEASED (Type or Print)				AMANDA LEVINE KOHLENSTEIN				2. DATE OF DEATH Feb. 24, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.							
B. FULL NAME OF HOSPITAL OR INSTITUTION 511 E. 41st St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				9-01			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 511 E. 41st St.							
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Apr. 21, 1866		9. AGE (In years last birthday) 86		If Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Richard McCulloh				14. MOTHER'S MAIDEN NAME Elizabeth Ann Lightner							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Edith M. Carter-511 E. 41st St.				ADDRESS	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) Chronic myocarditis DUE TO (B) Chr. Interstitial Nephritis DUE TO Arterio Sclerosis (C)				INTERVAL BETWEEN ONSET AND DEATH 1950 1950 1950			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from May 1-1950, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.											
23A. SIGNATURE Paul Brown				23B. ADDRESS 3602 Liberty St. Gt. Ave. M. D.				23C. DATE SIGNED 2-25-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/27/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, Jr.				25. FUNERAL DIRECTOR Thos. J. Dickener & Sons		ADDRESS Balto. 17, Md.			

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF REGISTRAR	
10. SIGNATURE OF MEDICAL OFFICER		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF CORONER	
13. SIGNATURE OF BURIAL OFFICER		14. SIGNATURE OF CHURCH OFFICER		15. SIGNATURE OF FUNERAL HOME	
16. SIGNATURE OF CEMETERY OFFICER		17. SIGNATURE OF INTERMENT OFFICER		18. SIGNATURE OF INTERMENT OFFICER	
19. SIGNATURE OF INTERMENT OFFICER		20. SIGNATURE OF INTERMENT OFFICER		21. SIGNATURE OF INTERMENT OFFICER	
22. SIGNATURE OF INTERMENT OFFICER		23. SIGNATURE OF INTERMENT OFFICER		24. SIGNATURE OF INTERMENT OFFICER	
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34. SIGNATURE OF INTERMENT OFFICER		35. SIGNATURE OF INTERMENT OFFICER		36. SIGNATURE OF INTERMENT OFFICER	
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94. SIGNATURE OF INTERMENT OFFICER		95. SIGNATURE OF INTERMENT OFFICER		96. SIGNATURE OF INTERMENT OFFICER	
97. SIGNATURE OF INTERMENT OFFICER		98. SIGNATURE OF INTERMENT OFFICER		99. SIGNATURE OF INTERMENT OFFICER	
100. SIGNATURE OF INTERMENT OFFICER		101. SIGNATURE OF INTERMENT OFFICER		102. SIGNATURE OF INTERMENT OFFICER	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE STEVENS HOYT

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

109 Deepdene Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

109 Deepdene Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Feb. 14, 1867

9. AGE (In years last birthday)

86

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

school teacher

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Dearing Hoyt

14. MOTHER'S MAIDEN NAME

Florence Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Robert Hoyt - 518 Chestnut Ave. #1

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) broncho-pneumonia
DUE TO arterio-sclerotic Cardiovascular disease

Feb. 23-24

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charlotte McCarthy

M. D.

23B. ADDRESS

Medical Arts Bldg. Baltimore

23C. DATE SIGNED

Feb. 25, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto. 17, Md.

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Form 100-10

Rev. 1-75

U.S. GOVERNMENT PRINTING OFFICE

1975

100-10

100-10

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2148
Registered No.M-600
BIRTH 53 2148

1. NAME OF DECEASED (Type or Print)		CHARLES MURRAY		2. DATE OF DEATH		February 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				Maryland			
HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
University Hospital				Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
27 Yrs 3 Mos. 3 Days				206 Myrtle Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
Male	Colored	Married	DEC. 25 1888	64			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
LABORER			RICHMOND, VA.		U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
YES			W.W.#1		US ARMY DISCHARGE		

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Bronchopneumonia	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO arteriosclerotic cardiovascular disease	
	(B)	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , <u>accident</u> <input type="checkbox"/> , <u>suicide</u> <input type="checkbox"/> , <u>homicide</u> <input type="checkbox"/> , <u>undetermined</u> <input type="checkbox"/> .		
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	2/26/53	BALTO. NAT'L CEM.	BALTO. MD.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		CHAS. G. COOPER-512 CARROLLTON AV	
FEB 26 1953			

1013 11

11/12/54

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 11th inst. in relation to the above matter.
The same has been forwarded to the proper authorities for their consideration.
Very respectfully,
[Signature]

[Signature]
[Title]
[Address]
[City]
[State]
[Zip]

Very truly yours,
[Signature]
[Title]
[Address]
[City]
[State]
[Zip]

1013 11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 533 21495

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A Skew

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1421 Mosher ST.

c. Length of stay in Baltimore

28 yrs

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1-15-1902

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Hannie Burden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Gertrude Smith Portsmouth Va.

ADDRESS
170 Wool Ave. ✓

18.

490X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-1953 to 2-21-1953, that I last saw the
deceased alive on 2/21/53, 19 and that death occurred at 6:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

F. J. [Signature]

M. D.

23B. ADDRESS

14225 Chesapeake

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-27-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore City

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

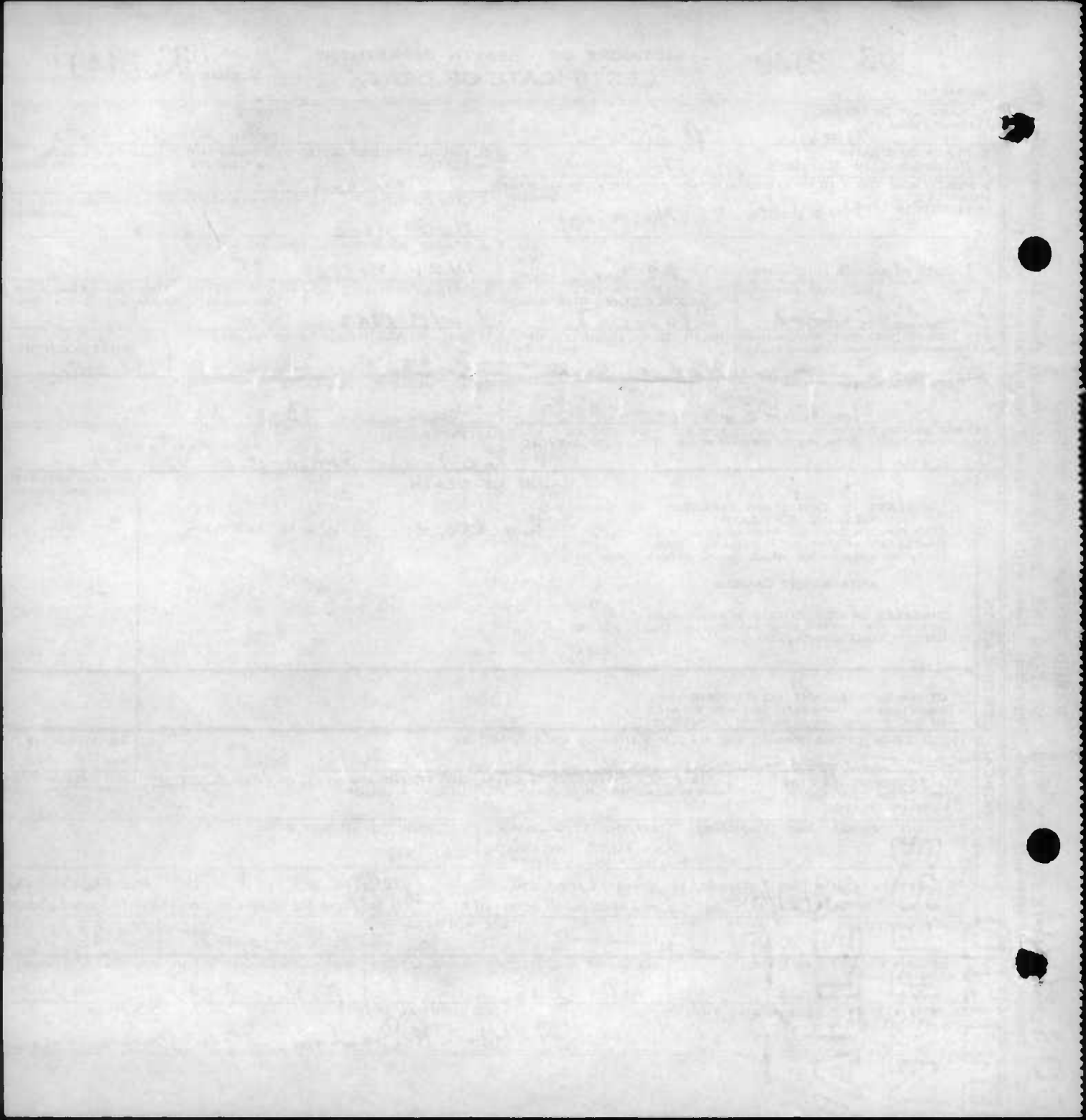
Wm. A. Jackson

ADDRESS

916 Penn. Ave.

FEB 26 1953
VS 150

7208A



5-530
AB-36301

53 2150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2150
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Smith (Frederick Schmidt)

2. DATE
OF
DEATH

Feb. 23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore City Hospitals

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 18-1874

9. AGE (In years last birthday)

79

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Smith (Schmidt)

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S NAME AND ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

420.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B) Senility

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20-1938 to 2-23-1953 that I last saw the deceased alive on 2-23-1953 and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Sander

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., MD.

Sey. F. Sander

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MINISTRY OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Birth		5. Date of Death		6. Time of Death	
7. Place of Birth		8. Place of Death		9. Cause of Death	
10. Signature of Registrar		11. Signature of Medical Officer		12. Signature of Coroner	
13. Signature of Police Officer		14. Signature of Witness		15. Signature of Family Member	
16. Signature of Priest		17. Signature of Minister		18. Signature of Other	
19. Signature of Other		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

W-3580 2151

53 2151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary J. Whitney

2. DATE
OF
DEATH

Feb 24/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

438 Roland Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Kirkhigh Villa

C. CITY OR TOWN

Baltimore 28-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5206 Bryn Mawr Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 22/1871

9. AGE (In years,

last birthday)

81

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Dressmaker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George A. Whitney

14. MOTHER'S MAIDEN NAME

Jane Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs H. Chenoweth Loch Raven Ind.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1952, to Feb 24, 1952, that I last saw the
deceased alive on Feb 24, 1952, and that death occurred at 2:10 P. M. from the causes and on the date stated above.

23A. SIGNATURE

W. J. Stelbrich

23B. ADDRESS

5006 Roland Ave

23C. DATE SIGNED

Feb 25, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 28/1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Woodward 4204 Ridgemoor Ave

FEB 26 1953

MARGIN RESERVED FOR BIR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: correct age is especially important. Physicians write the causes of death clearly and legibly supplied. The correct age is especially important.

F. 235
53 2152BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2152
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

F. Erwin Fusting

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-11

D. STREET ADDRESS (If rural, give location)

3 Overhill Road

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3 Overhill Rd.

Life Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 19, 1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Vice President of Crown Cork and Seal Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles F. Fusting

14. MOTHER'S MAIDEN NAME

Lillie Albert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs F. Erwin Fusting 3 Overhill Road

18. 332x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral thrombosis
DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cerebral arteriosclerosis
DUE TO

some yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary artery sclerosis

12 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Dec. 1952, to 2-24, 1953, that I last saw the
deceased alive on 2-24, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

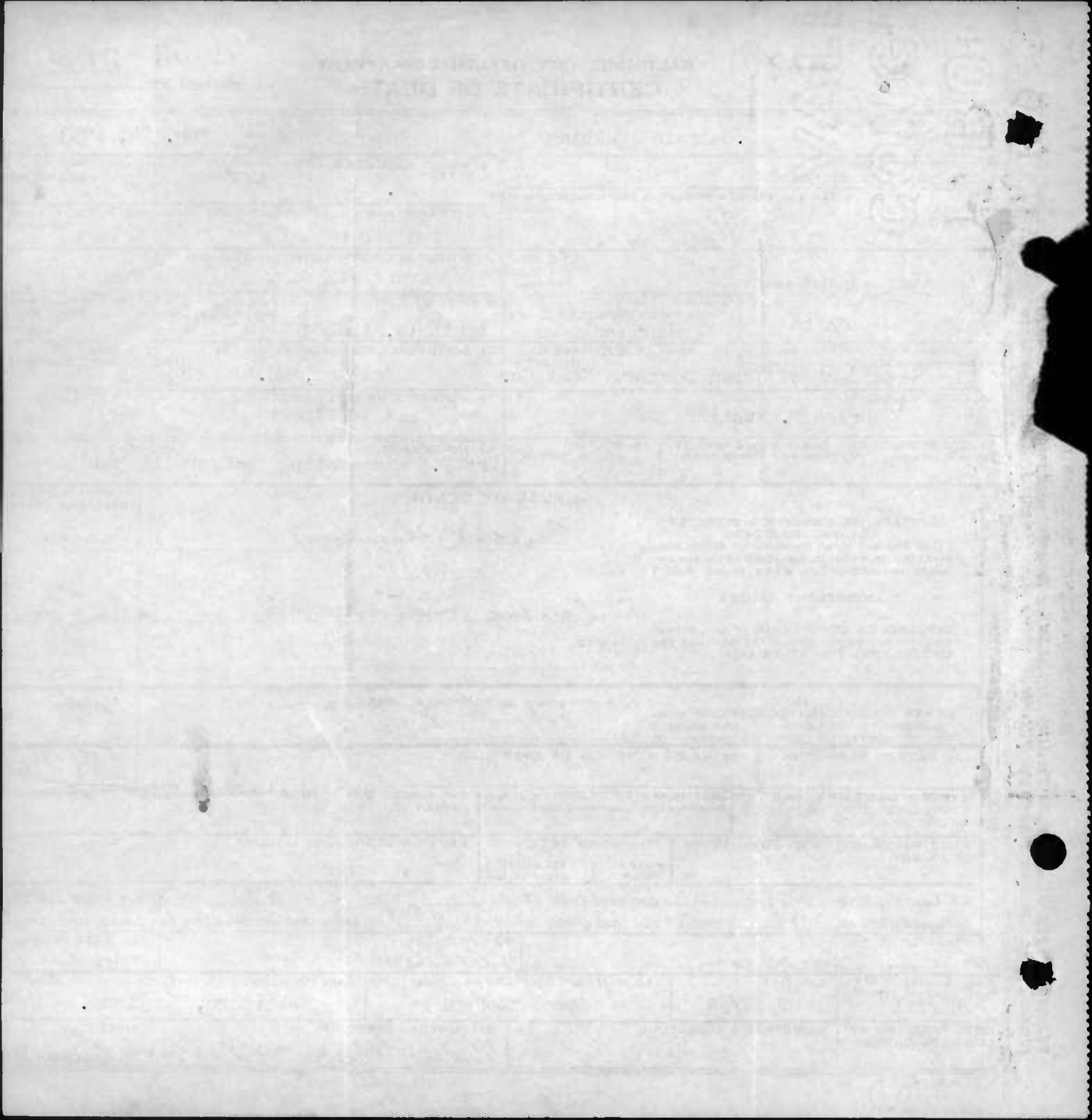
ADDRESS

FEB 26 1953
VS 150

Huntington Williams M.D.

W. W. Meade and Son 505 N. Calvert St.

29032



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2153**

53 2153
BIRTH NO.

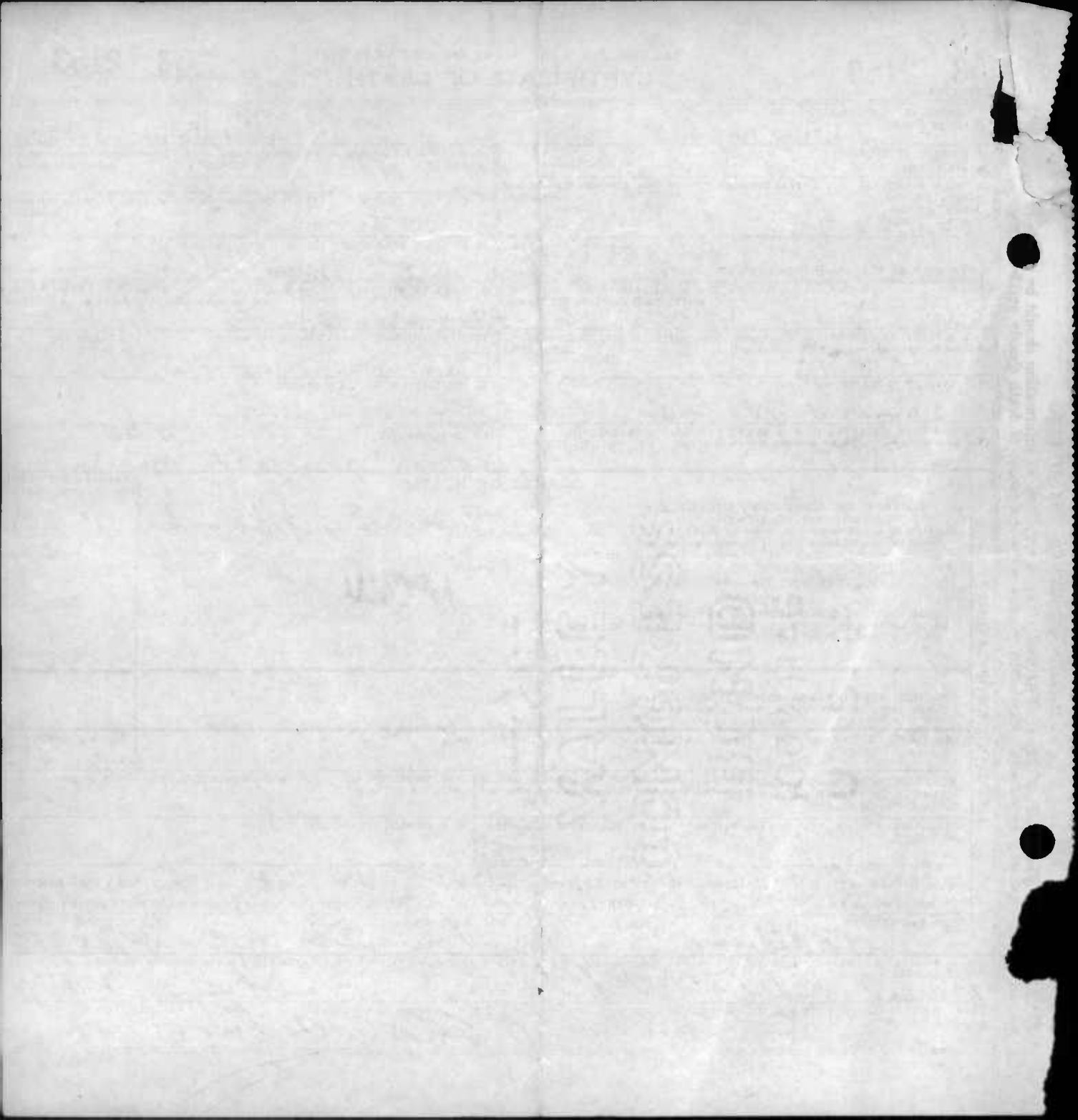
1. NAME OF DECEASED (Type or Print) JAMES DAVIS			2. DATE OF DEATH FEB - 25 - 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 41 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2001 Druid Hill Ave		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 28 - 1903		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Savannah, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James E. Davis, Sr.			14. MOTHER'S MAIDEN NAME Rebecca Hoyt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ernest Davis - 1719 Madison Ave		
18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO HCMO			INTERVAL BETWEEN ONSET AND DEATH 18 hrs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/24 , 19 53 , to 2/25 , 19 53 , that I last saw the deceased alive on 2/25 , 19 53 and that death occurred at 2:00 am., from the causes and on the date stated above.					
23A. SIGNATURE P. Alderman		23B. ADDRESS University Hosp		23C. DATE SIGNED 2/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/1/53		24C. NAME OF CEMETERY OR CREMATORY Mt Zion	
24D. LOCATION (City, town, or county) (State) Lanham, Md		25. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W Bore			
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W Bore	

97099

st

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. - Every item of information especially important. Physicians: please write the causes of death in full, and supply the necessary details.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2154**

BIRTH NO. **52-24593**

1. NAME OF DECEASED
(Type or Print)

SIDNEY DONERSON

2. DATE OF DEATH

2/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

1726 Braddish Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-10-52

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Elsie Doner son

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Public Welfare 413 St. Paul place

ADDRESS

18. **492X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Aspiration of vomitus**

19. DUE TO **interstitial pneumonitis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐ **2-22-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/26/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

D. D. Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

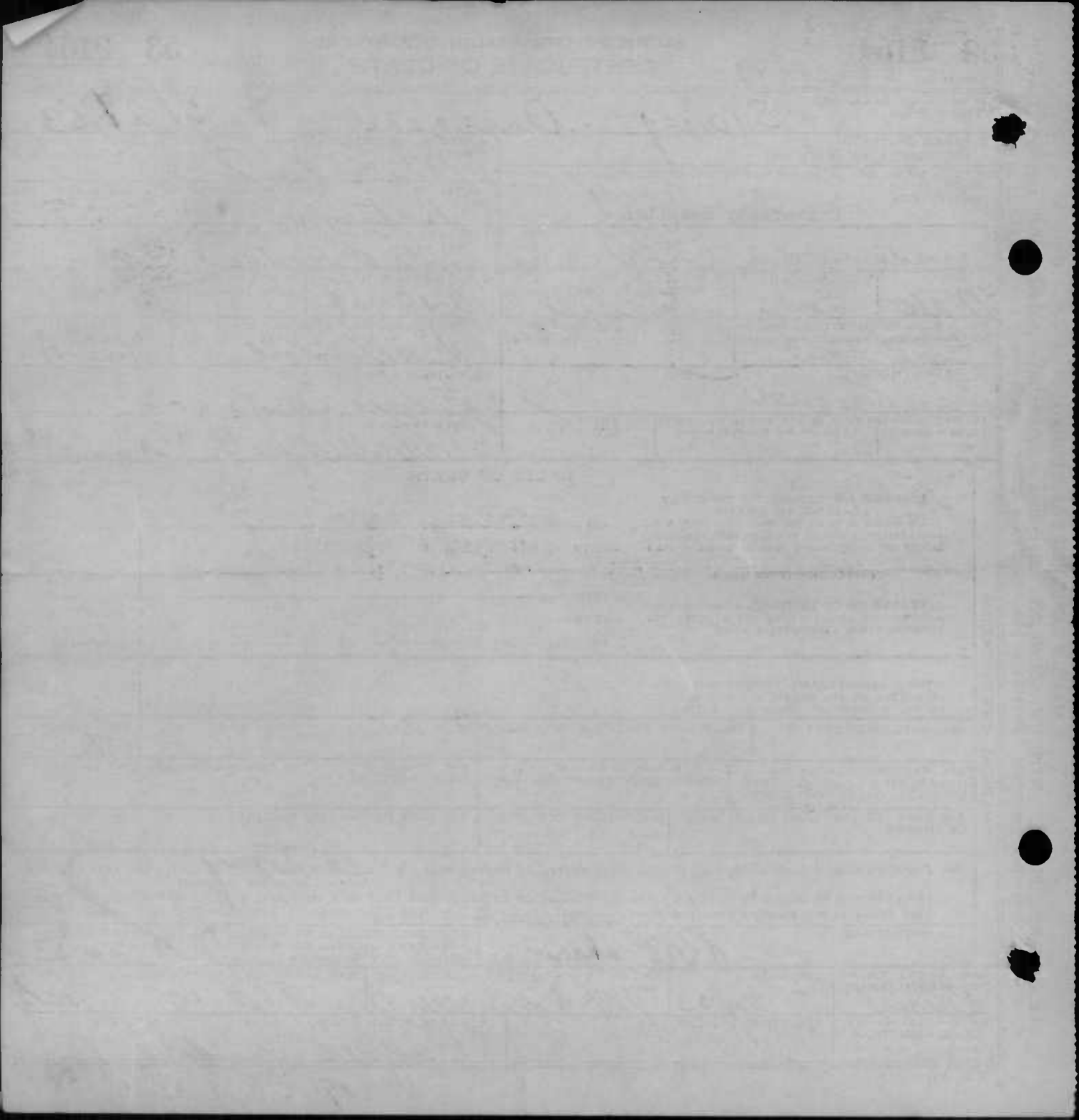
ADDRESS

FEB 26 1953

Rayner Sanders

Rayner Sanders

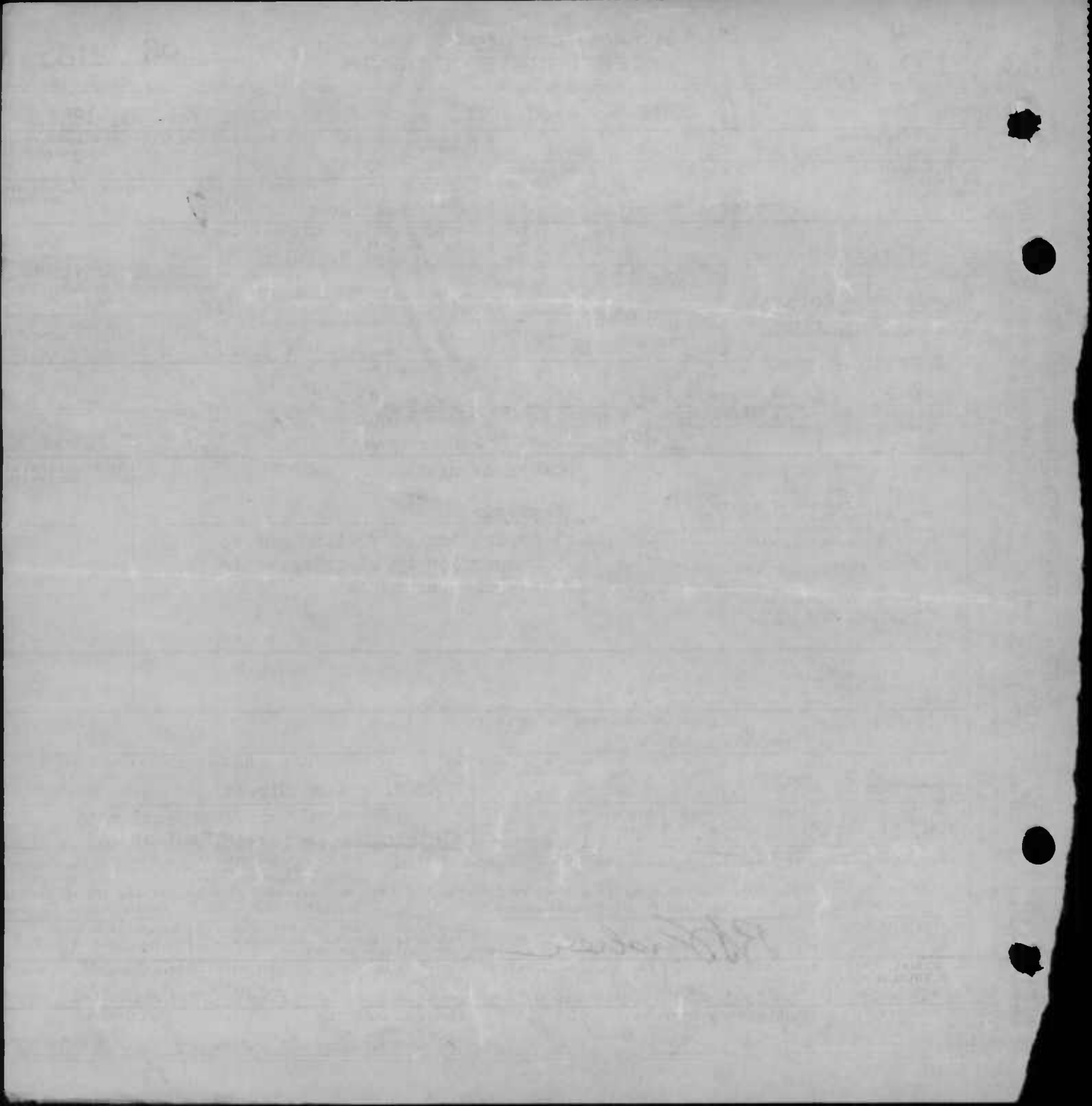
317 E. Preston



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly. The \$7.50

Registered No. 53 2155

1. NAME OF DECEASED (Type or Print)		JOYCE ELLIOTT		2. DATE OF DEATH Feb. 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2205 N. Fulton Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb. 27, 1952	9. AGE (In years last birthday) 1 yr.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? D.S.A.
13. FATHER'S NAME James Smith		14. MOTHER'S MAIDEN NAME Theresa Elliott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Theresa Elliott - 2205 N. Fulton Ave.	
18. CAUSE OF DEATH E 924.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO Aspiration of vomitus due to Suspension by clothing while falling out of bed ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? 2205 N. Fulton Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 25, 1953 5:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Suspension by clothing while falling out of bed	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R.F. Fisher		23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...		23C. DATE SIGNED Feb. 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/28/53		24C. NAME OF CEMETERY OR CREMATORY Dunn, N.C.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1953		REGISTRAR'S SIGNATURE H. E. ...		25. FUNERAL DIRECTOR ADDRESS Walstead-918- David ...	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2156
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Austria Staten

2. DATE
OF
DEATH

Feb. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2102 McCallum St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2102 McCallum St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 9, 1878

9. AGE (in years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Caroline Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wesley Casson

14. MOTHER'S MAIDEN NAME

Margaret Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cora Thomas 2102 McCallum St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degeneration

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized Arteriosclerosis

1 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1952, to 2-25, 1953 that I last saw the
deceased alive on 2-25, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomson T. Tuller

23B. ADDRESS

M. D. 558 W. McCallum St.

23C. DATE SIGNED

21 Feb 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State)

Westport, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Joseph L. Russ

ADDRESS

2222 W. North Ave. Balt.

[Faint, illegible text, likely bleed-through from the reverse side of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2157**BIRTH NO. **53 2157**1. NAME OF DECEASED
(Type or Print)

Mary Anna McLernon

2. DATE
OF
DEATH

February 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Edgewood Nursing Home
6000 Bellona Avenue

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Craig Avenue

5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 16, 1877

9. AGE (In years last birthday)

75

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Farrell

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edward McLernon, 10 St. Georges Road

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis

1948

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Senile Dementia

1949

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chronic Myocarditis

1949

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945 to Feb 24, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Bishop

M. O.

23B. ADDRESS

508 Skunden Ave

23C. DATE SIGNED

Feb 25, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1953

H. H. Cook, Inc.

1217 St. Paul Street

UNITED STATES OF AMERICA

THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

1914

RECEIVED
JAN 10 1914

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

1914

RECEIVED

JAN 10 1914

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2158

BIRTH NO. 53 2158

1. NAME OF DECEASED
(Type or Print)

Richard H. Abell

2. DATE
OF
DEATH

2.25.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Lutheran Hospital of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

12 Murdock Rd #12 5300

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

3.7.1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Seed Store

11. BIRTHPLACE (State or foreign country)

Md (St. Marys Co.)

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

John H. Abell

14. MOTHER'S MAIDEN NAME

Eva Tomkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

216-10-5794

17. INFORMANT

ADDRESS

Eva C. Abell 12 Murdock Rd.

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Adenocarcinoma of rectum

DUE TO

metastasis

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.23.1953 to 2.25.1953, that I last saw the
deceased alive on 2.25.1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

August Soosaar M. D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

2.25.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2159

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Herman Schiller

2. DATE
OF
DEATH

Feb 25, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION

Univ. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

416 N. Greene St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 2, 1882

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

GERMANY

13. FATHER'S NAME

CARL SCHILLER

14. MOTHER'S MAIDEN NAME

WILHELMINA TATZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

114-05-0551

17. INFORMANT

ADDRESS

JOHANNA SCHILLER, RANDALLSTOWN, MD

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Edema

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Infarct

?

(C) DUE TO

Hypertension

8 yrs +

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 29, 1953* to *Feb 25, 1953*, that I last saw the deceased alive on *Feb 25, 1953* and that death occurred at *7 P M.*, from the causes and on the date stated above.

23A. SIGNATURE

J. D. Baker

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1953

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 ST. PAUL STREET

VS 150

5443L

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2160**

BIRTH NO. **250 2160**

1. NAME OF DECEASED (Type or Print) <i>Hattie G. Tyson</i>			2. DATE OF DEATH <i>Feb. 25 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1400 W. Lexington St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>19-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Aged Women's Land Aged Maria Homes</i>			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits give RURAL Loc. and give township)		
c. Length of stay in Baltimore Yrs. <i>70</i> Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1400 W. Lexington St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 11 1871</i>	9. AGE (In years last birthday) <i>81</i>	10. Under 1 Year Months: Days <i>5 14</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>A. J. Tyson</i>			14. MOTHER'S MAIDEN NAME <i>Mary G. Groff</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>E. H. Reed</i> ADDRESS <i>1400 W. Lexington St</i>		

18. <i>332x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
(A) <i>Cerebral Thrombosis</i>			DUE TO			<i>3 months</i>		
ANTECEDENT CAUSES			(B) <i>Arteriosclerotic Cerebro-Vascular Disease</i>			DUE TO <i>2 yrs</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Jan. 1950</i> , to <i>February 25, 1953</i> that I last saw the deceased alive on <i>February 23, 1953</i> , and that death occurred at <i>9:00 P</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Newland Edmond Day</i>			23B. ADDRESS <i>4-E-33rd St Balto 18</i>			23C. DATE SIGNED <i>February 26, 1953</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ludon Park Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 26 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>		ADDRESS <i>1217 E. Paul St</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of coroner		14. Signature of jury		15. Signature of jury	
16. Signature of jury		17. Signature of jury		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2161BIRTH NO. 53 2161

1. NAME OF DECEASED (Type or Print) <u>SCHERER, FREDERICK H.</u>			2. DATE OF DEATH <u>2/25/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>4707 Ivanhoe Ave.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6/25, 1877</u>	9. AGE (In years last birthday) <u>75</u>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Picture Frame Joiner</u>			11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MARYLAND</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>GRAPE & CO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>FREDERICK H. SCHERER</u>			14. MOTHER'S MAIDEN NAME <u>ELIZABETH A</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>MRS. SUSIE E. SCHERER, 4707 Ivanhoe Ave.</u>			ADDRESS		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Cerebral vascular accident</u> DUE TO		<u>9 days</u>
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Myocardial infarction</u> DUE TO	<u>16 days</u>
	(C) <u>Hypertensive cardio vascular disease</u> DUE TO	<u>2 1/2 hrs.</u>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Post operative uremic state

19A. DATE OF OPERATION <u>1-24-53</u>	19B. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21/53 to 2/25, 1953, that I last saw the deceased alive on 2/25, 1953 and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Richard C. Packert</u> M. D.	23B. ADDRESS <u>University Hospital</u>	23C. DATE SIGNED <u>2/25/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>2/28/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>LOOSON PARK CEMETERY</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 26 1953</u>	REGISTRAR'S SIGNATURE <u>H. J. +</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, MARYLAND</u>
25. FUNERAL DIRECTOR <u>Arm. Gork, Inc.</u>		ADDRESS <u>1217 ST. PAUL STREET</u>

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2162

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **GRADY LAFAYETTE FARLESS**

2. DATE OF DEATH **Feb. 25, 1953**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Tenn.** B. COUNTY **V-39**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**US Public Health Service Hospital
Wyman Pk. Drive & 31st Street**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Memphis

C. Length of stay in Baltimore **58 days**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1054 Brower Road

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
1/11/02

9. AGE (In years, last birthday) **51**
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Storekeeper

10B. KIND OF BUSINESS OR INDUSTRY
seafaring

11. BIRTHPLACE (State or foreign country)
Ky.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Lafayette Farless

14. MOTHER'S MAIDEN NAME
Nellie Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
?

16. SOCIAL SECURITY NO.
?

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. **181X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute bacterial endocarditis and aortic valvulitis and hemolytic staph aureus**
DUE TO

? 1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Postoperative state, toal cystectomy for carcinoma of bladder**
DUE TO

2 mos.

(C)

ii
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
1/22/53

19B. MAJOR FINDINGS OF OPERATION
Squamous cell carcinoma bladder

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 29, 1952** to **Feb. 25, 1953**, that I last saw the deceased alive on **Feb. 25, 1953** and that death occurred at **6:40P m.**, from the causes and on the date stated above.

23A. SIGNATURE
J. A. Hunter

23B. ADDRESS
US PHS Hospital, Balto, Md.

23C. DATE SIGNED
2/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
2/26/53

24C. NAME OF CEMETERY OR CREMATORY
Hazel -

24D. LOCATION (City, town, or county) (State)
Kentucky

DATE RECEIVED BY LOCAL REGISTRAR
FEB 26 1953

REGISTRAR'S SIGNATURE
Huntington Williams, Jr.

25. FUNERAL DIRECTOR
Wm. Croh, Inc.

ADDRESS
Baltimore

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2163

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAGDALENA MARY TAFIŁOWSKI

2. DATE
OF DEATH

Feb 24 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2042 Fountain Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 2-03

c. Length of stay in Baltimore

45 Year

D. STREET ADDRESS (If rural, give location)

2042 Fountain Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1884 65

9. AGE (In years
last birthday)11 Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Paul Daneluk

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 2042

Frank Tafilowski Fountain St

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CEREBRAL HEMORRHAGE

INTERVAL BETWEEN
ONSET, AND DEATH

2/24/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

HYPERTENSIVE CARDIO-VASCULAR
DISEASEJAN.
1952

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 24, 1953, to Feb 24, 1953, that I last saw the
deceased alive on Feb 24, 1953, and that death occurred at 635 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph F. Baenza

M. D.

209 S. Chester St

2/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 28/53

Holy Rosary Cem

Baltimore County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1953

Huntington Williams, Jr

John M. Weber 401 S. Chester St

Dr. Deering

207 3. Chapter 17

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2164
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE/MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or (if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1953 to Feb 24, 1953, that I last saw the
deceased alive on Feb 24, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2 trans

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2165

Registered No.

BIRTH NO.

53 2165

1. NAME OF DECEASED
(Type or Print)

GEORGE T SMITH

2. DATE
OF
DEATH

February 25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

5007 Park Heights Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-17

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5007 Park Heights Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 16/1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Stationman

10B. KIND OF BUSINESS OR
INDUSTRY

Penna R.R.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jr.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

717-07-7613

17. INFORMANT

Frostie E. Smith

ADDRESS

5007 Park Heights Ave

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiac Vascular
Renal Disease

1940

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Large Hiatal Hernia

8 yrs

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949 to Feb 25, 1953 that I last saw the
deceased alive on Feb 25, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. S. Looman

23B. ADDRESS

4843 Park Heights Ave

23C. DATE SIGNED

2-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 2/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Loring Byers

ADDRESS

5005 Park Heights Ave

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

T-624
53 2166BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2166

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Traglia, Lucy

2. DATE
OF
DEATH

2/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

8-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, ELMDALE AVE

D. STREET ADDRESS (If rural, give location)

3011 Elmdale Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

B. DATE OF BIRTH

12/13/1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luciani

14. MOTHER'S MAIDEN NAME

Eheresa Mandicott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Traglia 3211 Elmdale Ave

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hepatic coma
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) cirrhosis Liver
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/21/53

19B. MAJOR FINDINGS OF OPERATION

Cirrhosis liver. - Hematoma left rectus following paracentesis

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1953, to 2/26/53, that I last saw the deceased alive on 2/26/53, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Chambers
Fabian Espinosa

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 2, 53

24C. NAME OF CEMETERY OR CREMATORY

Pittston Cemetery

24D. LOCATION (City, town, or county)

Pittston Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

James H. Williams, M.D.

25. FUNERAL DIRECTOR

Hubbard Funeral Home

ADDRESS

2503 Edmonds Ave
Baltimore Md.

VS 150

2503 Edmonds Ave
Baltimore Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

APPENDIX

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2167
Registered No.

53 2167
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Celia Goodman</i>		2. DATE OF DEATH <i>2/26/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>SIDNEY HOSPI. OF BALTO. INC.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3915 Brookhill Rd.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dept. Store</i>	9. AGE (In years last birthday) <i>68</i>
13. FATHER'S NAME <i>Isaac</i>		11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Paibaul</i>	
17. INFORMANT <i>M. H. Goodman</i>		ADDRESS <i>Same</i>	

18. <i>153X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Intestinal Obstruction</i>	
ANTECEDENT CAUSES	(B) <i>Metastatic Carcinoma</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Carcinoma of the Sigmoid</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>2/27/53</i>	19B. MAJOR FINDINGS OF OPERATION <i>Metastatic Carcinoma of Peritoneum</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2/11</i> , 19 <i>53</i> to <i>2/26</i> , 19 <i>53</i> that I last saw the deceased alive on <i>2/26/53</i> , 19 <i>53</i> , and that death occurred at <i>6 P.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Jack J. Lane</i>	23B. ADDRESS <i>Lincoln Hospital</i>	23C. DATE SIGNED <i>2/26/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/27/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Helen Friendship</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Jack Lewis Inc.</i>	ADDRESS <i>2100 Eutaw Pl</i>

VS 150

4906C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

1015-85

RECEIVED

WALLACE
CUNNINGHAM

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2168**

53 2168

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS B. MANEKIN

2. DATE
OF
DEATH

2/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Balto. Inc.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 13-03

D. STREET ADDRESS (If rural, give location)

2729 Pennsylvania Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

merchant

10B. KIND OF BUSINESS OR INDUSTRY

Ready to wear

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Solomon

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ida Manekin - Fannie

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremic Coma**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Hypertensive Cardiovascular Disease**

DUE TO

2 1/2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/17**, 19**53**, to **2/26**, 19**53**, that I last saw the deceased alive on **2/26**, 19**53**, and that death occurred at **3:17 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Bwen

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2/26/53

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2-27-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1953

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

Jack Lewicki 2100 Eutaw Pl

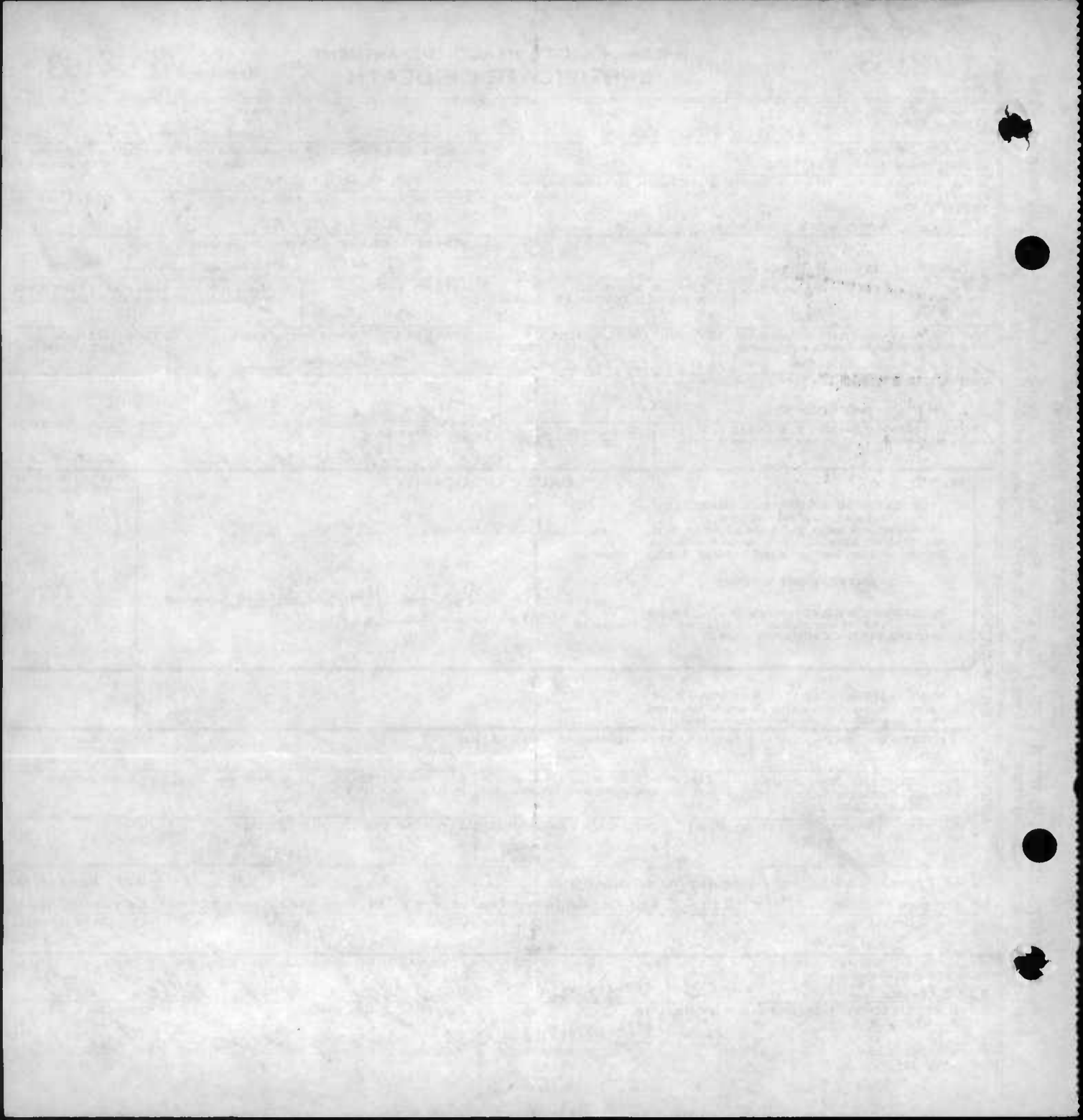
ADDRESS

VS 150

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2169

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Folick, Ichel

2. DATE
OF
DEATH

2/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Siral Hosp. of Balto, Inc

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2442 Cutaw Place

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Illiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Fosheim

14. MOTHER'S MAIDEN NAME

Hettley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Nathan Harris - Same

18. E903.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic Cardiovascular Disease

DUE TO

(C) Fractured Right Hip

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

1/30/53

19B. MAJOR FINDINGS OF OPERATION

Sub-capital Fracture of the Hip, Right

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2442 Cutaw Place

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 22, 1953

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell to floor in bathroom

22. I hereby certify that I attended the deceased from 2/15/53, 1953, to 2/26, 1953 that I last saw the deceased alive on 2/26, 1953, and that death occurred at 11:22 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ichel Folick

M. D.

23B. ADDRESS

Sinar Hospital

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-27-53

24C. NAME OF CEMETERY OR CREMATORY

Losedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Jr.

ADDRESS

2100 Cutaw Pl

VS 150

N820.0



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2170
Registered No.

53 2170
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALEXANDER GRALEWSKI			2. DATE OF DEATH Feb. 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 1-01 O. STREET ADDRESS (If rural, give location) 725 S. Curley Street - 24		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			Yrs. Mos. Days		
C. Length of stay in Baltimore life			8. DATE OF BIRTH Jan. 1890		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years last birthday) 63		If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10B. KIND OF BUSINESS OR INDUSTRY G.L. Martin Co.		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Anthony Gralewski			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Martha Gralewski			ADDRESS 725 S. Curley St.		

18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Hemorrhage (A) DUE TO Arteriosclerosis (B) DUE TO Diabetes Mellitus (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 22 , 19 53 , to Feb. 25 , 19 53 , that I last saw the deceased alive on Feb. 25 , 19 53 , and that death occurred at 3:45a m., from the causes and on the date stated above.					
23A. SIGNATURE Edward Benus		23B. ADDRESS 1400 N. Caroline Street -13		23C. DATE SIGNED Feb. 25, 1953.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 28/53		24C. NAME OF CEMETERY OR CREMATORY 406 Rosary	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Fred M. Oszowski		ADDRESS 1930 Eastern Ave.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1953		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

7703T

1930 Eastern Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2171
Registered No. 53 2171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna J. Neuman

2. DATE
OF
DEATH

2/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

7814 Old Harford Rd. Balto 14

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/6/84

9. AGE (in years last birthday)

69

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

housewife at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bohumil Mrazek

14. MOTHER'S MAIDEN NAME

Anna Spirek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
no

17. INFORMANT

Jerome Neuman (husband)

ADDRESS

Same

18.

260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Hemorrhage

(A)

DUE TO

ANTECEDENT CAUSES

Hypertensive cardio vascular disease

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Diabetic mellitus

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1953, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 23, 1953, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

Wm. Williams, M.D.

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1915

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State of New York

County of New York

City of New York

Ward of New York

Block of New York

Lot of New York

Street of New York

House of New York

Room of New York

Apartment of New York

Building of New York

Block of New York

Lot of New York

Street of New York

House of New York

Room of New York

Apartment of New York

Building of New York

Block of New York

Lot of New York

Street of New York

House of New York

Room of New York

Apartment of New York

Building of New York

Block of New York

Lot of New York

Street of New York

House of New York

Room of New York

Apartment of New York

Building of New York

Block of New York

Lot of New York

Street of New York

House of New York

Room of New York

Apartment of New York

Building of New York

Block of New York

Lot of New York

Street of New York

House of New York

Room of New York

Apartment of New York

Building of New York

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine

2. DATE
OF
DEATH

Feb-25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Opel 3

4. USUAL RESIDENCE

(Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

423 N. Rose St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years)

10. Under 1 Year

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John

Hamper

14. MOTHER'S MAIDEN NAME

Mary

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 422.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho-pneumonia

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic C.V. disease

5 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

59 m.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from JAN-1947, 1947, to 2/25/53, 1953, that I last saw the
deceased alive on 2/25/53, 1953, and that death occurred at 1220 m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin B. Mory M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
53 2173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2173
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) THOMAS A. CAIN	
2. DATE OF DEATH Feb. 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 423 N. Rose St.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 00	
C. Length of stay in Baltimore life	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Dec. 24, 1873	
9. AGE (In years last birthday) 79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - Molder	
10B. KIND OF BUSINESS OR INDUSTRY James J. Lacy Foundry	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John J. Cain	
14. MOTHER'S MAIDEN NAME Ellen McCarthy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret Backus, dght, above	
ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic c.v. disease (A) DUE TO 5 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Arteriosclerosis, generalized (C) 10 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/31/49 , 19__, to 2/26/53 , 19__, that I last saw the deceased alive on 2/26/53 , 19__, and that death occurred at 1:30 P. m. , from the causes and on the date stated above.	
23A. SIGNATURE Ben. B. Moss, M.D.	
23B. ADDRESS 448 N. Luzerne Ave	
23C. DATE SIGNED 2/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Mar. 2, 1953	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	
REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.	
ADDRESS 2601-3-5 E. Madison St.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Physician	
11. Hospital		12. City		13. County		14. State		15. Registrar	
16. Signature of Registrar		17. Signature of Physician		18. Signature of Coroner		19. Signature of Medical Examiner		20. Signature of Health Officer	
21. Signature of Burial Officer		22. Signature of Undertaker		23. Signature of Funeral Home		24. Signature of Cemetery		25. Signature of Interment	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2174
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

L. Pearlly Major

2. DATE
OF
DEATH

February 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

2030 Druid Hill Ave.

C. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

11-23-05

9. AGE (in years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Librarian

10B. KIND OF BUSINESS OR
INDUSTRY

Morgan State College

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Hall

14. MOTHER'S MAIDEN NAME

Irene Slater

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-12-3068

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Bilateral Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Hypertension

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-30, 1952*, to *2-25, 1953*, that I last saw the deceased alive on *2-25, 1953*, and that death occurred at *9:50 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Frederick W. Reid

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Winston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John M. Johnson, 1700 Druid Hill Ave

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED <i>John J. Smith</i>		AGE <i>45</i>		SEX <i>Male</i>	
DATE OF DEATH <i>Jan 15 1920</i>		PLACE OF DEATH <i>Home</i>		CITY <i>St. Paul</i>	
CAUSE OF DEATH <i>Myocardial Infarction</i>		DISEASE OR INJURY <i>Coronary Artery Disease</i>		MANNER OF DEATH <i>Natural</i>	
SIGNATURE OF PHYSICIAN <i>Dr. J. H. Jones</i>		SIGNATURE OF DECEASED <i>John J. Smith</i>		SIGNATURE OF WITNESS <i>John J. Smith</i>	
DATE OF SIGNATURE <i>Jan 15 1920</i>		DATE OF SIGNATURE <i>Jan 15 1920</i>		DATE OF SIGNATURE <i>Jan 15 1920</i>	
PLACE OF SIGNATURE <i>St. Paul</i>		PLACE OF SIGNATURE <i>St. Paul</i>		PLACE OF SIGNATURE <i>St. Paul</i>	
SIGNATURE OF REGISTRAR <i>John J. Smith</i>		SIGNATURE OF DECEASED <i>John J. Smith</i>		SIGNATURE OF WITNESS <i>John J. Smith</i>	
DATE OF SIGNATURE <i>Jan 15 1920</i>		DATE OF SIGNATURE <i>Jan 15 1920</i>		DATE OF SIGNATURE <i>Jan 15 1920</i>	
PLACE OF SIGNATURE <i>St. Paul</i>		PLACE OF SIGNATURE <i>St. Paul</i>		PLACE OF SIGNATURE <i>St. Paul</i>	

M-635

53 2175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2175

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth MARTIN

2. DATE
OF
DEATH

2-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

7-04

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

921 Montpelier St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

921 Montpelier St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-2-1873

9. AGE (In years

last birthday)

80

If Under 1 Year

Days

23

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Madfrey Lotzman

14. MOTHER'S MAIDEN NAME

(Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Malouise Koch 7915 Beverly Rd.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerotic cardio-vascular renal disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.① Pneumonia, hypostatic, 5 lateral
② Cerebral arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1953, to 2/25, 1953, that I last saw the
deceased alive on 2/25/53, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Howard H. Kato

23B. ADDRESS

803 Cathedral St

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

BALTO

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. F. Ruck

ADDRESS

5305 Harford Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE

CITY

COUNTY

STATE

ZIP

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

GRANDCHILDREN

GRANDPARENTS

GRANDFATHER

GRANDMOTHER

GRANDSIBLINGS

GRANDNIECES

GRANDNephews

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2176

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HOWARD

LITSINGER

2. DATE
OF
DEATH

FEB. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4012 Century Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4012 Century Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Jan. 8, 1884

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Installment Collector, Furniture

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Litzinger

14. MOTHER'S MAIDEN NAME

Ella Hancock

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
217-03-042917. INFORMANT ADDRESS Road.
Mrs. Ethel E. Barrett, 4012 Century

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

acute coronary occlusion
coronary insufficiency
coronary sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

hypertensive atherosclerosis
hypertension - hemiplegia 1950DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1953, to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 930 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Haller A. Anderson

M. D.

23B. ADDRESS

3001 Hammond Ave

23C. DATE SIGNED

2/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Leonard J. Ruck, 5305 Harford Road.

32166

3001 Shannon Drive

9:30

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2177**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE BROWN

2. DATE OF DEATH **Feb. 25, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

South Baltimore General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 23-01

c. Length of stay in Baltimore

? Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
923 S. Sharp Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH

5/6/10

9. AGE (In years last birthday)

42

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Jerry Brooks

14. MOTHER'S MAIDEN NAME

Mary Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-30-3151

17. INFORMANT

ADDRESS

Peter Brooks Aquasco, Md.

18. **175X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of ovary**

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23c. DATE SIGNED **Feb. 26, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat.

24d. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FFB 27 1953

[Signature]

1303

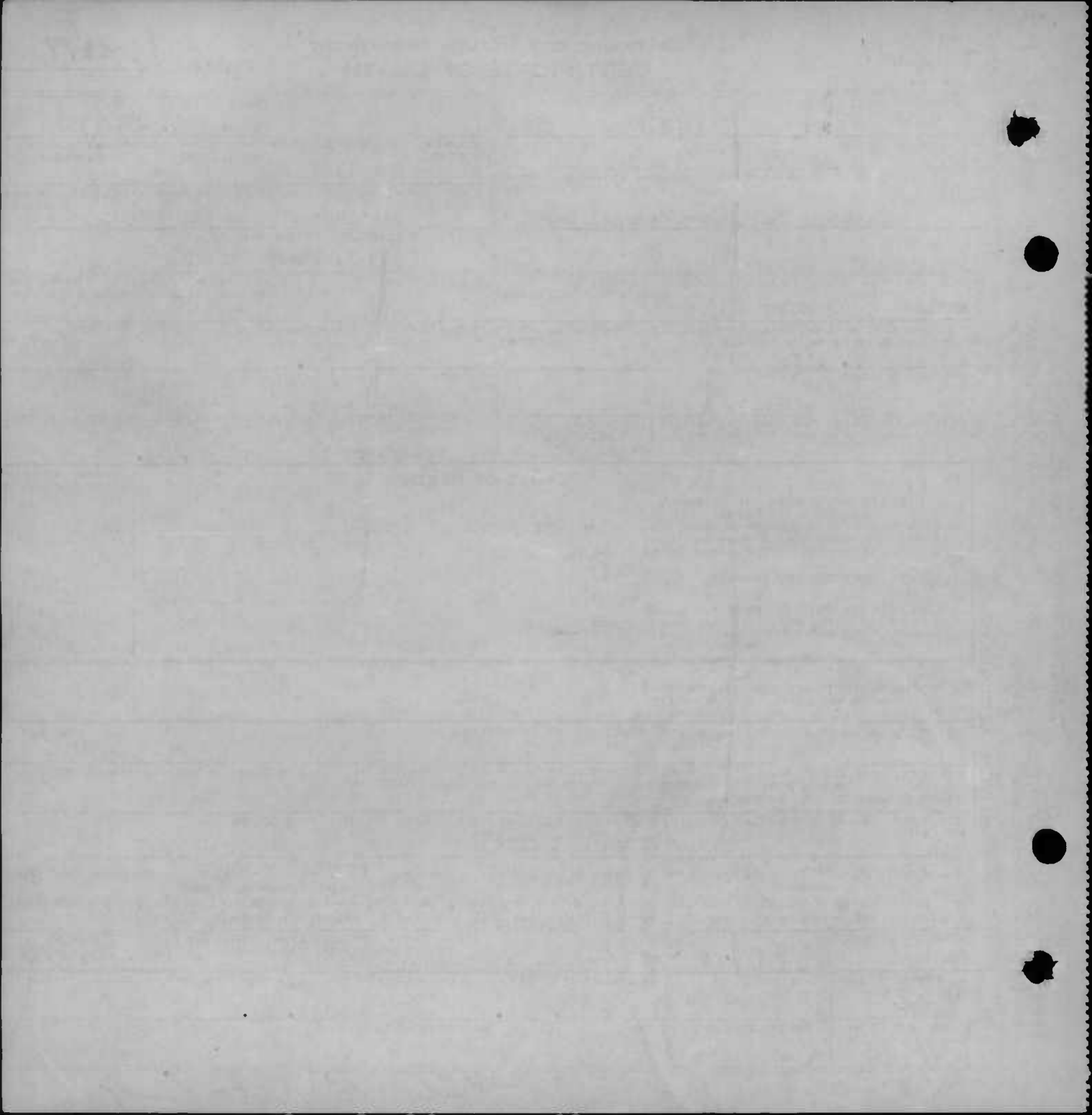
Prospect St.

[Signature: Geo. B. Nelson]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2178**

BIRTH NO. 53 2178

1. NAME OF DECEASED (Type or Print) Catherine M. Cochran.			2. DATE OF DEATH Feb 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 2708 Huntingdon Ave.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2708 Huntingdon Ave.			c. Length of stay in Baltimore Life		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 1, 1885		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			9. AGE (In years last birthday) 67 Months: Days: Hours: Min.		
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Daniel McEntee.			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Mary Grant.		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Howard Cochran, 2708 Huntingdon Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Coronary Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 3 hours 5 years
---	--

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 10, 1948** to **February 21, 1953** that I last saw the deceased alive on **Feb 24, 1953** and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Leonard Wallenstein** M. D. 23B. ADDRESS **848 W 36 St** 23C. DATE SIGNED **Feb 26/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 28, 1953	24C. NAME OF CEMETERY OR CREMATORY St. John, Long Green	24D. LOCATION (City, town, or county) (State) Balto Co, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1953	REGISTRAR'S SIGNATURE H. J. Williams	25. FUNERAL DIRECTOR B. Donovan	ADDRESS 3818 Roland Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

35,153 25,153

Barryland

Barryland

2708 Barryland Ave.

2708 Barryland Ave.

Barryland

Barryland

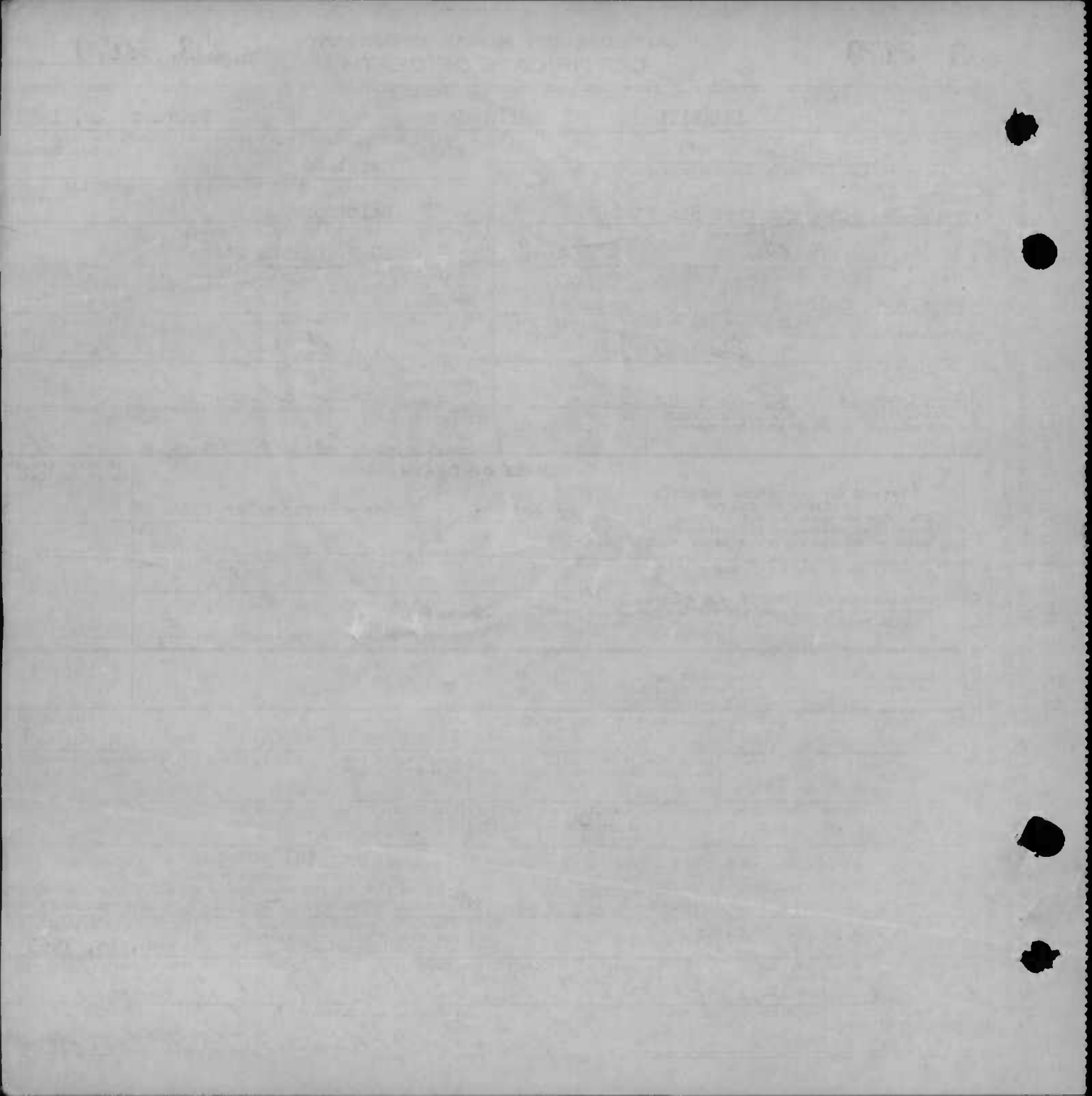
2708 Barryland Ave.

2708 Barryland Ave. 25,153 35,153

5-530
53 2179BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2179

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JEANETTE SMITH		February 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		A. STATE Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-09			
5. SEX Female		6. COLOR OR RACE Colored		D. STREET ADDRESS (If rural, give location) 20 N. Durham Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 1894		9. AGE (In years last birthday) 59	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Marys Co Md	
13. FATHER'S NAME James B Burrell		14. MOTHER'S MAIDEN NAME Mary Jackson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT James Smith 20 N Durham St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 27, 53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. A.A.B. Md.	
DATE RECEIVED BY LOCAL REGISTRAR 2/27/1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR R. Williams 1515 Mt Vernon St 7208A	



53 2180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2180

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Lillian Brown

2. DATE
OF
DEATH

2/24/53

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1227 W. Caroline St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

S-97

D. STREET ADDRESS (If rural, give location)

1227 W. Caroline St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

2/21/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Artificial
marked Hypertension (Cerebrovascular)

3 yrs

(C)

Generalized Arteriosclerosis

1

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Hypertrophy, Atrial Insufficiency, Interstitial Nephritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to Feb 24, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 11:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

23B. ADDRESS

1532 E Monument St

23C. DATE SIGNED

2/26/1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

Huntington Williams, M.D.

Robert L. Young 1216 W. Caroline St

CERTIFICATE OF DEATH

1. Name of deceased: *John J. [illegible]*
2. Sex: *Male*
3. Age: *72*
4. Date of death: *1927*
5. Place of death: *Home*
6. Cause of death: *Heart failure*
7. Signature of physician: *[illegible]*
8. Signature of registrar: *[illegible]*

9. Name of informant: *[illegible]*
10. Address of informant: *[illegible]*
11. Date of registration: *[illegible]*
12. Registrar's signature: *[illegible]*

13. Name of informant: *[illegible]*
14. Address of informant: *[illegible]*
15. Date of registration: *[illegible]*
16. Registrar's signature: *[illegible]*

17. Name of informant: *[illegible]*
18. Address of informant: *[illegible]*
19. Date of registration: *[illegible]*
20. Registrar's signature: *[illegible]*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2181

Registered No.

53 2181

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Addison

Rice

2. DATE
OF
DEATH

2-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

825-W Fairmount Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-01

c. Length of stay in Baltimore

years

D. STREET ADDRESS (If rural, give location)

825-W Fairmount Ave.

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

unknown

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

D. A. A.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lizzie Smith-825-Fairmount Ave.

18. 420.0 and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Heart
Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

2-22-53

23D. MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

Dnt. Auburn

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

ADDRESS

A. Walstead-918-Quind-Thi

ave

VS 151

1918 D

2-2-18

W. A. R. R.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2182

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

H Attie Hawkins

2. DATE
OF
DEATH

2/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE 155 Enon Alley

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

155 Enon Alley

c. Length of stay in Baltimore

20 yrs.

5. SEX

Female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 15/1910

9. AGE (In years last birthday)

42

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nathan Hunter

14. MOTHER'S MAIDEN NAME

Laura Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Hawkins - 155 Enon alley.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

10 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 31, 1953, to Feb. 26, 1953, that I last saw the deceased alive on Feb. 26, 1953, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. K. Culver

23B. ADDRESS

1222 N. Carolina St

23C. DATE SIGNED

2-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/1/53

24C. NAME OF CEMETERY OR CREMATORY

Greenville, S.C.

24D. LOCATION (City, town, or county)

South Carolina

(State)

DATE RECEIVED BY LOCAL REGISTRAR

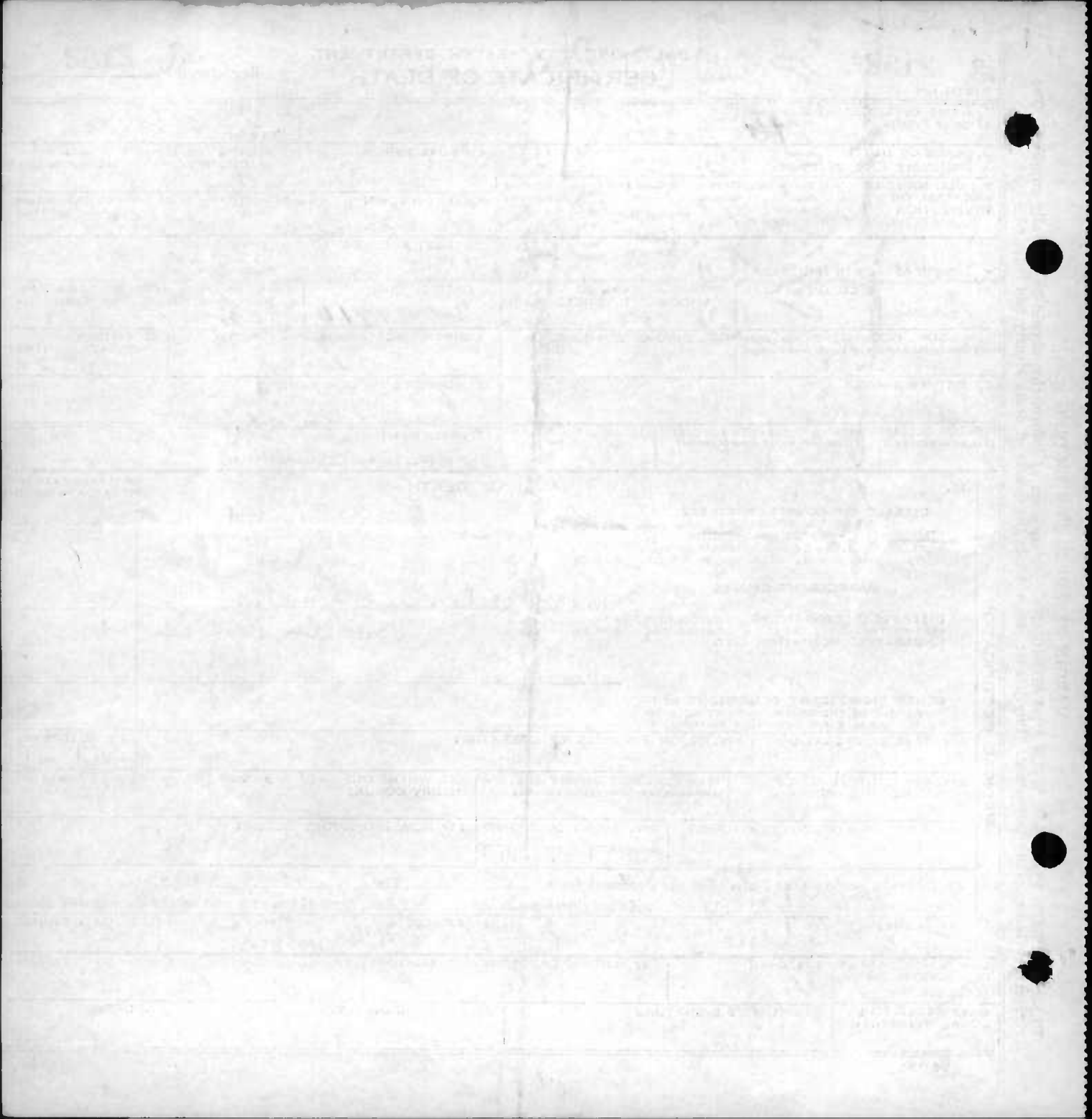
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Halstead - 918 - Spruce Hill Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

53 2183

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ERNEST HENRY HAUSEN

2. DATE
OF
DEATH

February 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3516 Spaulding Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

-15-27-18

D. STREET ADDRESS (If rural, give location)

3516 Spaulding Ave

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 5, 1885

9. AGE (In years

67

last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chef

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

196-03-0670

17. INFORMANT

Mrs Eva Hausen

ADDRESS

18.

443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

Hypertensive Cardiovascular Disease

(B) DUE TO

(C) DUE TO

10 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **December 1951**, to **February 1953** that I last saw the deceased alive on **Feb 20, 1953**, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

William T. Traub

23B. ADDRESS

3400 Woodbine Ave, Balt. 7, Md

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Blum & Sins

ADDRESS

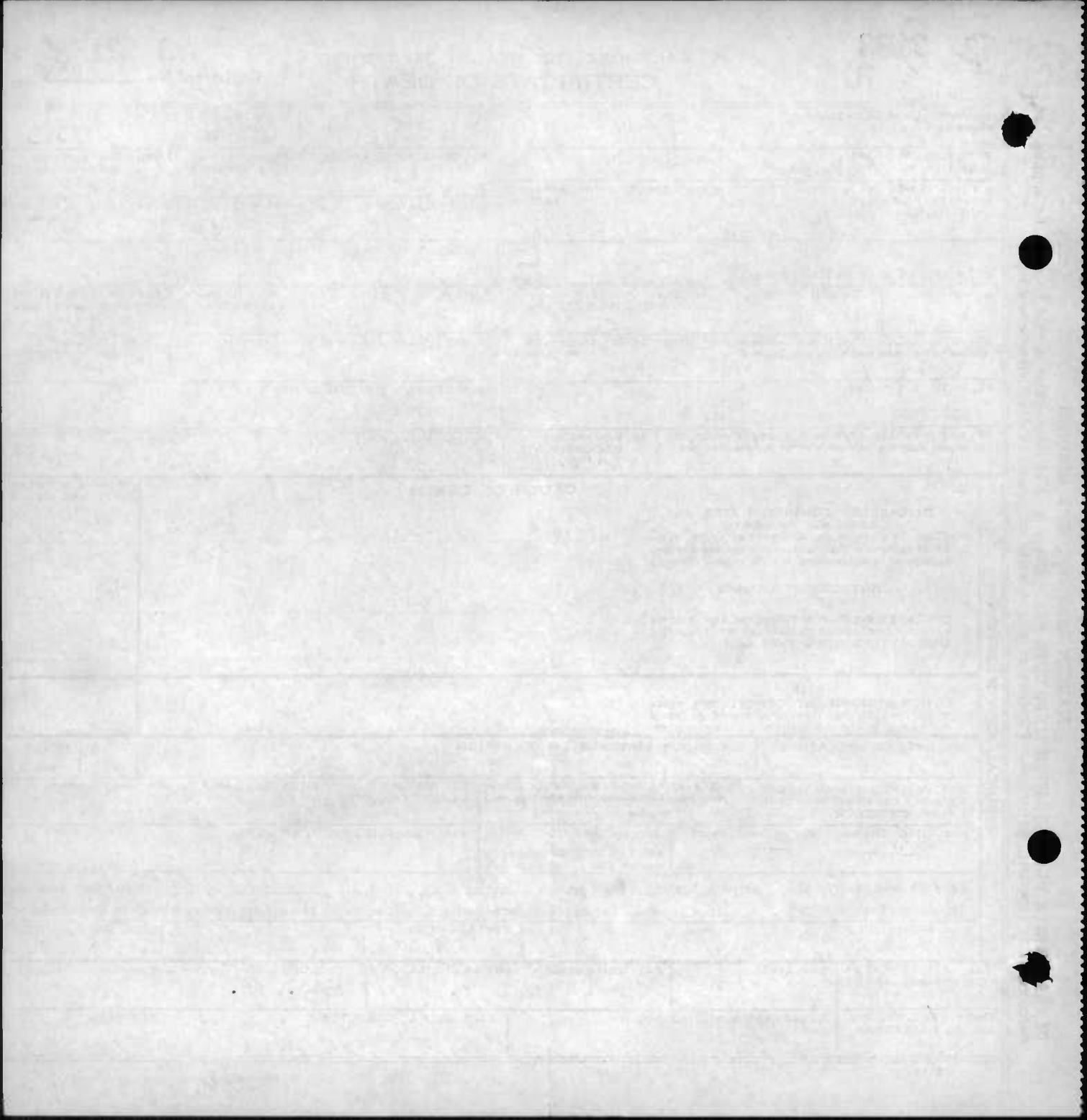
Balto 17, Md.

VS 150

7546M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.



53 2184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

David H. Becker

2. DATE
OF
DEATH

2/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

100 W. University Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 9, 1900

9. AGE (in years
last birthday)

52

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Executive

10B. KIND OF BUSINESS OR
INDUSTRY

Bretzel Mfg.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George H. Becker

14. MOTHER'S MAIDEN NAME

Ida Reinecke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Geo. C. Mullinix-100 W. University Pkwy.

18.

142.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Testis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Parotid Gland

DUE TO

(C)

20 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20/53, 19__, to 2/26/53, 19__, that I last saw the
deceased alive on 2/26/53, 19__, and that death occurred at 10⁰² A.m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Smith

M. D.

23B. ADDRESS

W. H.

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

VS 150

290 44

Wickner & Sons
Baltimore, Md.MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2186
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Anaste Pappas

2. DATE

OF DEATH 2-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2554 Druid Park Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-14-1897

9. AGE (In years last birthday)

56

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Angelo Pappas

14. MOTHER'S MAIDEN NAME

Vaselika (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Artery occlusion
DUE TO

(C) Hypertensive End-Organ Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1953, to 2-26, 1953, that I last saw the deceased alive on 2-26, 1953, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Maus.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2906 N

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

19-1

DATE

PLACE

ST. JAMES' CHURCH

AGE

SEX

EDUCATION

OCCUPATION

CAUSE OF DEATH

DEATH OF UNKNOWN CAUSE

DEATH OF UNKNOWN CAUSE

DEATH OF UNKNOWN CAUSE

DEATH OF UNKNOWN CAUSE

DEATH OF UNKNOWN CAUSE

DEATH OF UNKNOWN CAUSE

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DEATH OF UNKNOWN CAUSE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2187
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS E. SCHMITT

2. DATE OF DEATH
Feb. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1101 E. Fayette St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1540 McKean Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 18, 1872

9. AGE (In years last birthday)

80

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

sign painter (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Schmitt

14. MOTHER'S MAIDEN NAME

Eugenia (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Nicholas Gossman-1540 McKean Ave.

18. 350X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) generalized arteriosclerosis

sev mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) also Parkinsonism

sev yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

pulmonary emphysema & fibrosis

sev yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 10, 1953, to Feb. 25, 1953 that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/28/53

Holy Redeemer Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

Huntington Williams, M.D.

Thm. J. Tichner & Sons

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE CLOUD HATCH

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Fetterhoff Nursing Home

3502 Clifton Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

May 2, 1860

9. AGE (In years
last birthday)

92

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel T. Hatch

14. MOTHER'S MAIDEN NAME

Frances A. Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William Colby - 1130 Poplar Grove

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Coronary arteriosclerotic heart disease

20 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1953, to Feb. 24, 1953, that I last saw the
deceased alive on Feb. 22, 1953, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

M. D.

3048 W. North Ave.

23C. DATE SIGNED

Feb. 27, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balt., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. F. Tichenor & Sons

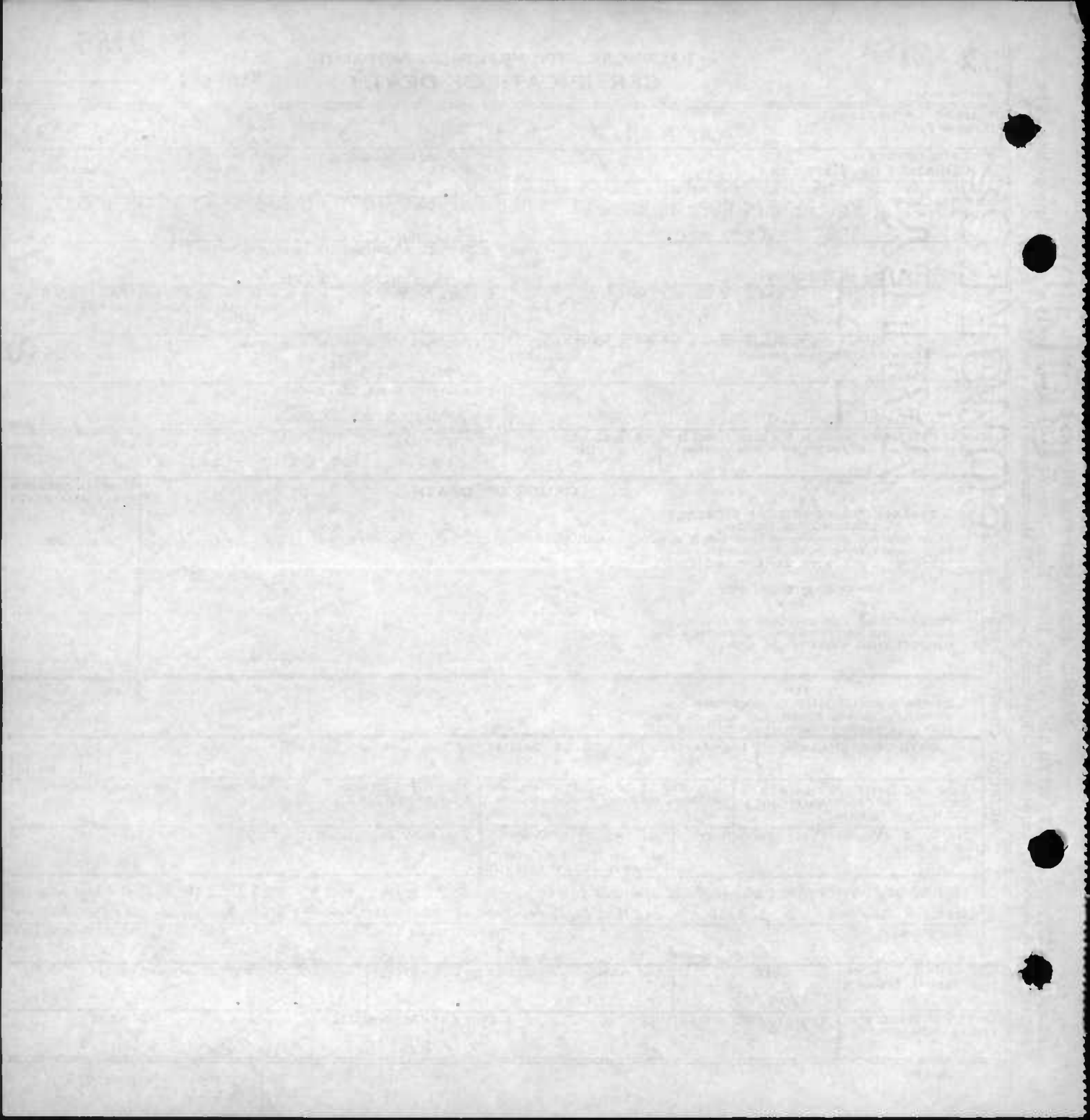
ADDRESS

Balt 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

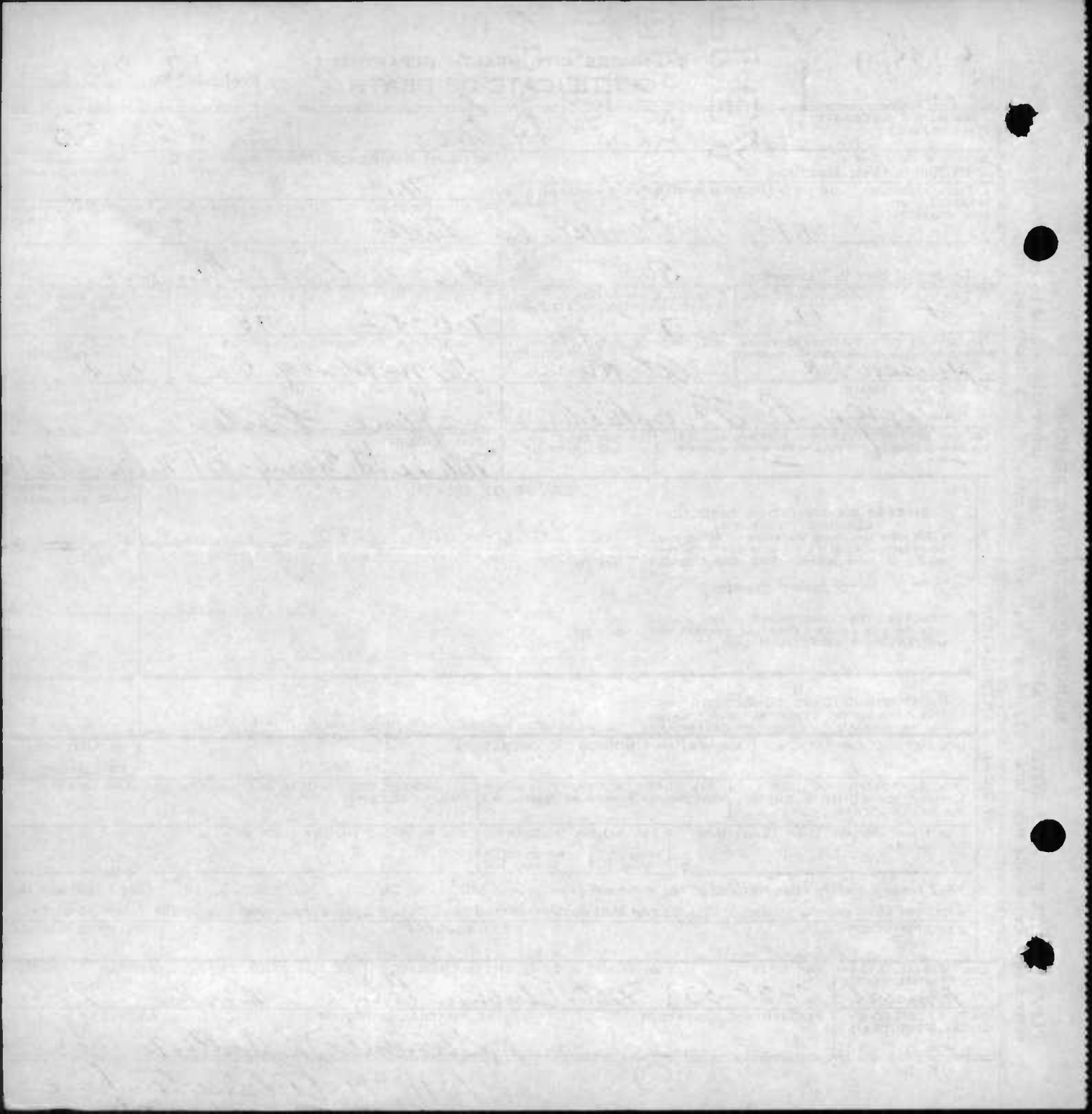


53 1689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2189

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Martha J. Godfrey		2-25-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
818 N. Carrollton Ave		Md			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
50		Baltimore			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
F		C		818 N. Carrollton Ave	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
W		7-10-82		70	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housework		At home		Lynchburg Va	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
George B. Thornhill		Jane Carter		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Marie B. Young - 818 N. Carrollton Ave	
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
		(A) Arteriosclerosis			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Spontaneous fracture of leg			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
1-14-53					YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 5, 1951, to February 25, 1953, that I last saw the deceased alive on February 20, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dr. Campbell		718 Delphin Dr.		2-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2-28-53		Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Md		Samuel W. Sullivan Jr		1011 N. Arlington Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 27 1953		Huntington Williams			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2190
Registered No. _____

BIRTH NO. 53 2190

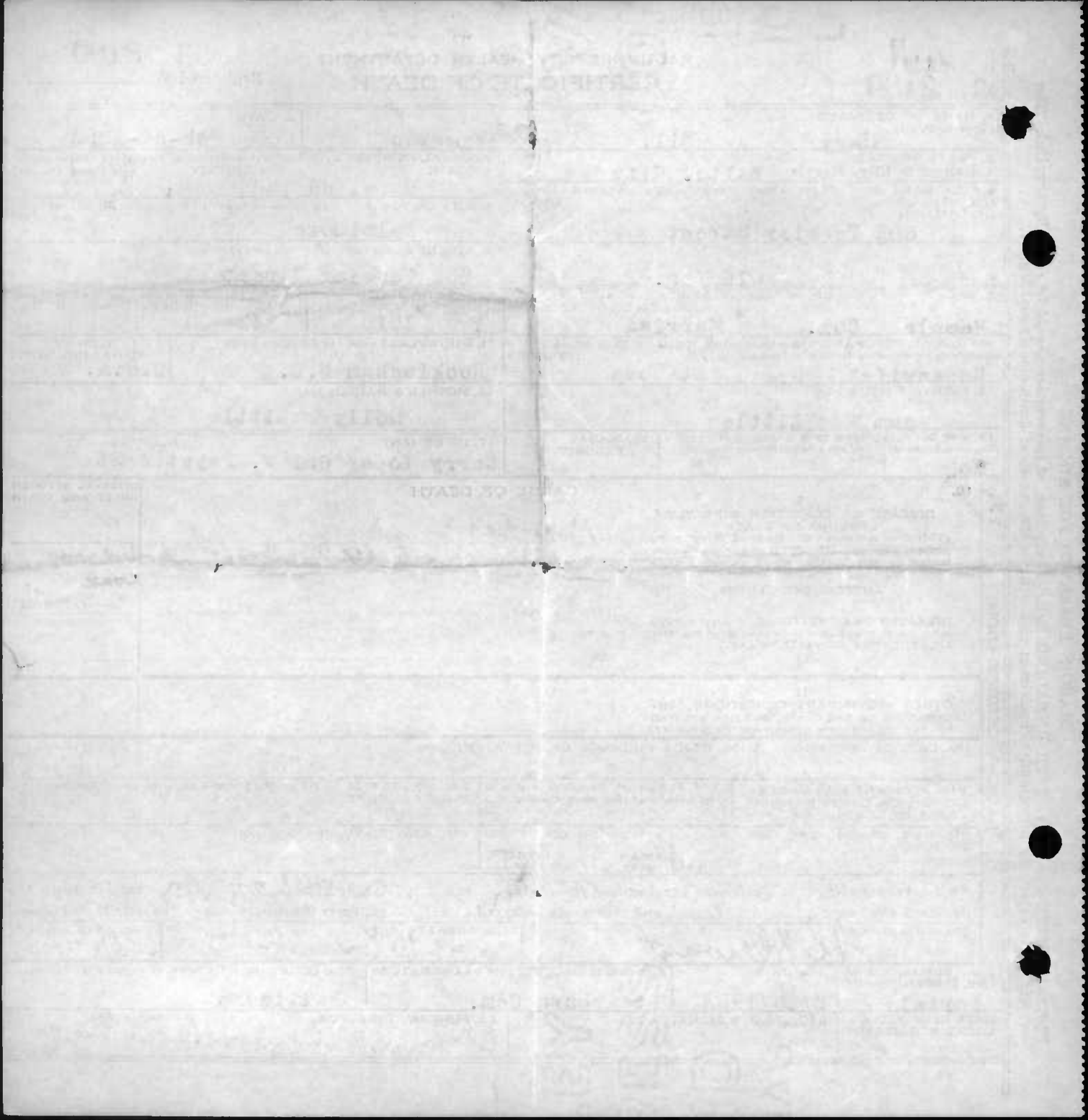
1. NAME OF DECEASED (Type or Print) Mary Bill Pempton			2. DATE OF DEATH Feb-24-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) 802 Tessier Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 15 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 802 Tessier Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH ? 1910	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Rockingham N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Little			14. MOTHER'S MAIDEN NAME Molly Little		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Carry Loper 654 W. Fayette St		

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Complications with diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1 , 19 53 , to Feb 24 , 19 53 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Jb Stewart		23B. ADDRESS 632 W. Hampshire St		23C. DATE SIGNED Feb 26 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/28/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1953		REGISTRAR'S SIGNATURE Thurmon...		25. FUNERAL DIRECTOR Elvigo Wilson 1010 Bronty Ave	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2191**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Nettie Virginia Yates**2. DATE
OF
DEATH**February 25, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland**Baltimore**

C. CITY OR TOWN

(If outside corporate limits, write FULL, and give township)

Baltimore**9-04**

D. STREET ADDRESS (If rural, give location)

618 E. 30th St.B. FULL NAME OF
HOSPITAL OR
INSTITUTION**Union Memorial Hosp**

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

December 9, 1889

9. AGE (In years

last birthday)

63

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**none**10B. KIND OF BUSINESS OR
INDUSTRY**none**

11. BIRTHPLACE (State or foreign country)

Baltimore Md12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Thomas Smith

14. MOTHER'S MAIDEN NAME

Bertha Ogle15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mary C. Fannon 2503 E. Preston St.18. **334X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **generalized + cerebral**
DUE TO **arteriosclerosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) **congestion of lungs, liver,**
+ spleen

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

III. WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from **Feb 8, 1953**, to **Feb 25, 1953**, that I last saw the
deceased alive on **Feb 25, 1953**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

10-10-1918

TO THE SECRETARY OF THE ARMY
FROM THE SECRETARY OF THE ARMY

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

CERTIFICATE CORRECTED 4-6-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 2192

Registered No.

058 256 2192

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM O'CONNOR

2. DATE
OF
DEATH

FEB. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4255 SHELDON AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE B. COUNTY

BALTIMORE, MARYLAND

5. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

26-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4255 SHELDON AVENUE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Mar. 9, 1878

9. AGE (in years; last birthday)

74 73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engraver

10B. KIND OF BUSINESS OR INDUSTRY

Art Photo Engraving Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-07-6459

17. INFORMANT

ADDRESS

Marie Sue - 1229 N. Linwood Ave.

18. 420.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Thrombosis

(B)

DUE TO

Coronary Sclerosis

(C)

Hypertensive-Cardio-Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

3 days -

10 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE, 1950, to FEB. 25, 1953, that I last saw the deceased alive on FEB. 24, 1953, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Heber P. Polk

23B. ADDRESS

4205 Sheldon Ave

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-28-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Belair Rd. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Miller Inc. - 2431 E. Chas. St.

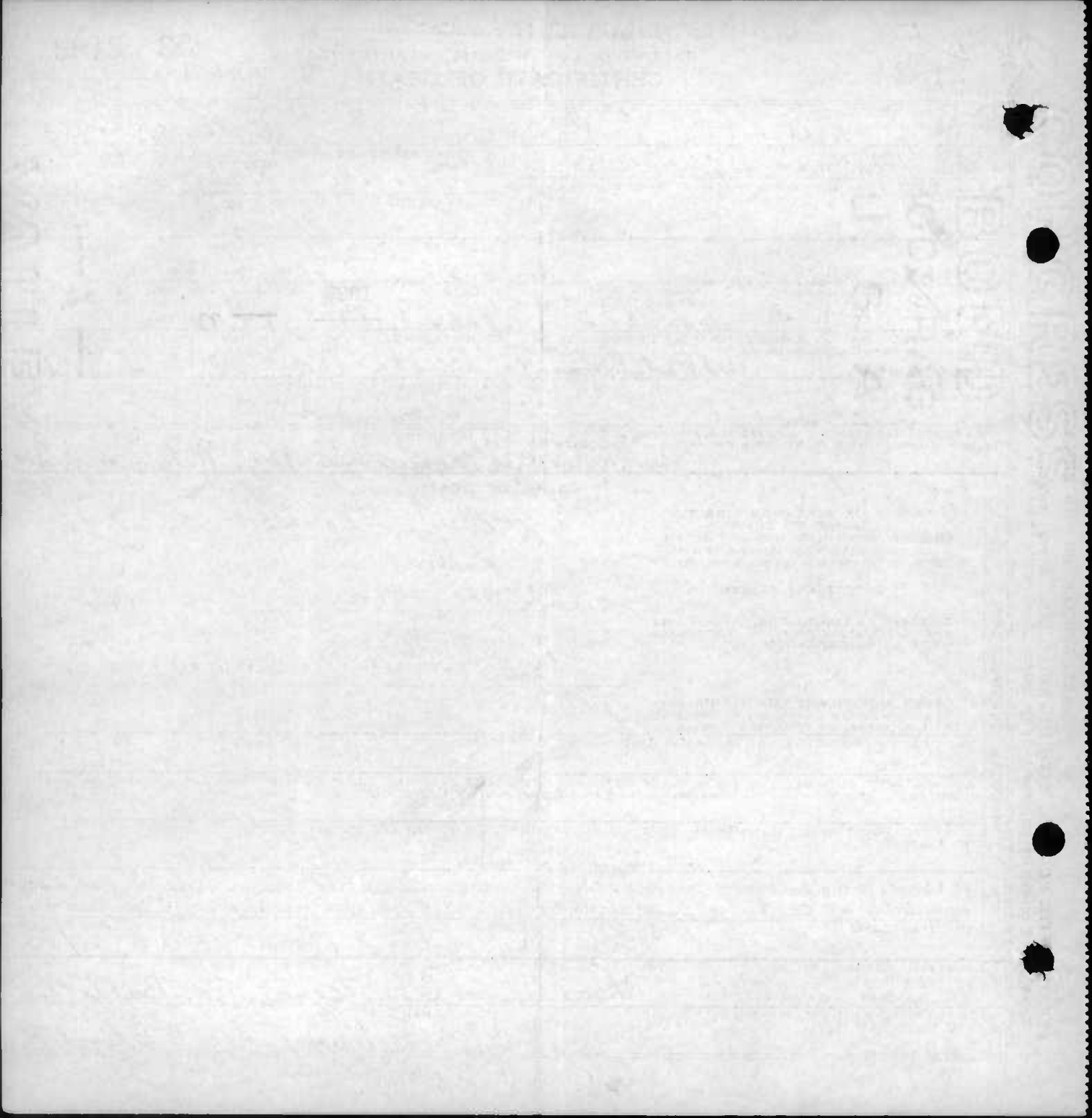
FEB 27 1953

VS 150

571424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2193

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Effie M. Miller

2. DATE
OF
DEATH

Feb. 27 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Md. General Hospital

C. Length of stay in Baltimore

1 WEEK life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar 28 '1894

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

13. FATHER'S NAME

Wm. H. Copper Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS PRESCUS LAMBERT WESTMINSTER MD.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb. 27, 1953, that I last saw the
deceased alive on Feb. 27, 1953, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Jui Lin

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 27 '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAR. 2, 1953

DEER PARK CEMETERY

SMALLWOOD

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

Huntington Williams, M.D.

JOHN R. BYERS

WESTMINSTER, MD.

2013

12

12

CONFIDENTIAL

MARGIN RESERVED FOR BINDING Dr. Arthur J. Davies - 3-5 P.M. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2194

BIRTH NO. 53 2194

1. NAME OF DECEASED
(Type or Print)

FLORENCE REPPERT BANKARD

2. DATE
OF
DEATH 2 - 26 - 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4502 Roland Avenue

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4502 Roland Avenue

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

June , 1871

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Henry N. Bankard

14. MOTHER'S MAIDEN NAME

Carolina A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

William M. Ives

ADDRESS

Northway Apts.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBRAL HEMORRHAGE

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

ARTIOSCLEROSIS

20 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 12, 1952 to Feb. 25, 1953, that I last saw the deceased alive on Feb. 25, 1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davies

M. D.

23B. ADDRESS

800 W. 33rd St.

23C. DATE SIGNED

2 - 26 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2 - 28 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

M B Mitchell

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1. Name of Deceased: JOHN J. BROWN
2. Date of Birth: 1875-03-15
3. Place of Birth: NEW YORK
4. Sex: Male
5. Race: White
6. Occupation: Engineer
7. Cause of Death: Heart Disease
8. Date of Death: 1925-08-10
9. Place of Death: Home
10. Signature of Registrar: [Signature]
11. Date of Registration: 1925-08-15

12. Name of Informant: JOHN J. BROWN
13. Address of Informant: 123 Main St., Albany, N. Y.
14. Signature of Informant: [Signature]
15. Date of Informant's Statement: 1925-08-15
16. Name of Physician: Dr. J. H. Smith
17. Address of Physician: 456 Elm St., Albany, N. Y.
18. Signature of Physician: [Signature]
19. Date of Physician's Statement: 1925-08-15
20. Name of Coroner: John A. Jones
21. Address of Coroner: 789 Broadway, Albany, N. Y.
22. Signature of Coroner: [Signature]
23. Date of Coroner's Statement: 1925-08-15
24. Name of Burial Place: St. John's Cemetery
25. Address of Burial Place: 1000 Broadway, Albany, N. Y.
26. Signature of Burial Place: [Signature]
27. Date of Burial Place's Statement: 1925-08-15
28. Name of Undertaker: John D. Brown
29. Address of Undertaker: 123 Main St., Albany, N. Y.
30. Signature of Undertaker: [Signature]
31. Date of Undertaker's Statement: 1925-08-15
32. Name of Funeral Home: John D. Brown
33. Address of Funeral Home: 123 Main St., Albany, N. Y.
34. Signature of Funeral Home: [Signature]
35. Date of Funeral Home's Statement: 1925-08-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

53 2195		BALTIMORE CITY HEALTH DEPARTMENT		53 2195	
BIRTH NO. 53-04707		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Galley Girl Connelly.</i>			2. DATE OF DEATH <i>2/26/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>530 Mendota Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2/26/53</i>	9. AGE (In years, last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Jay H Connelly</i>			14. MOTHER'S MAIDEN NAME <i>Frances Theresa Ballietti</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
18. <i>760.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid hemorrhage. Arteriosclerosis.</i>			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardiac resp. failure.</i>			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2/27/53</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/26</i> 19 <i>53</i> to <i>2/26</i> 19 <i>53</i> that I last saw the deceased alive on <i>2/26</i> 19 <i>53</i> and that death occurred at <i>3:30 p.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Red. J. [illegible]</i>			23B. ADDRESS <i>Mercy</i>		23C. DATE SIGNED <i>2/26/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>2-27-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redemer.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Schumann's Funeral Home 2601 E. Madison St.</i>	

INFORMED BY THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES
OF THE UNITED STATES OF AMERICA

THIS DOCUMENT CONTAINS
NEITHER RECOMMENDATIONS
NOR CONCLUSIONS OF THE
NATIONAL INSTITUTE ON
DRUG ABUSE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 2196**

AB-166991

BIRTH No. **53 2196 52-10043**1. NAME OF DECEASED
(Type or Print) **(Antono) Antonio Easton**2. DATE OF DEATH **Feb. 25-1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION **Baltimore City Hospitals**
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)c. Length of stay in Baltimore **Life**
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
120 N. Poppleton St. zone 23

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) **9**
If Under 1 Year Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Easton
Ulyssis (Ulysses) Theodore

14. MOTHER'S MAIDEN NAME

Delores Parker15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT **Baltimore City Hospitals**
Records: 4940 Eastern Ave.18. **754.4 and E954X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cardiac Arrest during Anesthesia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
William B. [Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Congenital Heart Disease**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

1/25/53 m.WHILE AT ☐ NOT WHILE ☒
WORK AT WORK**anesthesia**
cardiac arrest during22. I hereby certify that I attended the deceased from **1-21-**, 19**53** to **2-25-**, 19**53** that I last saw the
deceased alive on **2-25-**, 19**53**, and that death occurred at **5.25Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

H. John Doe

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-27-195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
Mar 2, 1953**Int. Auburn****Baltimore****Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS **322 N.****FFB 2/1953****Huntington****Mrs. Katie R. Williams****Schroeder St.**

VS 150

To Be Approved By The Medical Examiner

N 999.2

100-100000

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100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2197

BIRTH NO. 53 2197

1. NAME OF DECEASED
(Type or Print)

John Williams

2. DATE
OF
DEATH

2/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1037 W Vine St.

c. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 10, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

Lewis H. Williams

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no if unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Edith Presco

ADDRESS

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CUA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

ABCU D

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1953, to 2/25, 1953 that I last saw the
deceased alive on 2/25, 1953 and that death occurred at 6:38 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George C. Alderman M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

321 N. Schroeder St.

CERTIFICATE OF DEATH

WILLIAM
EDWARD
BROWN

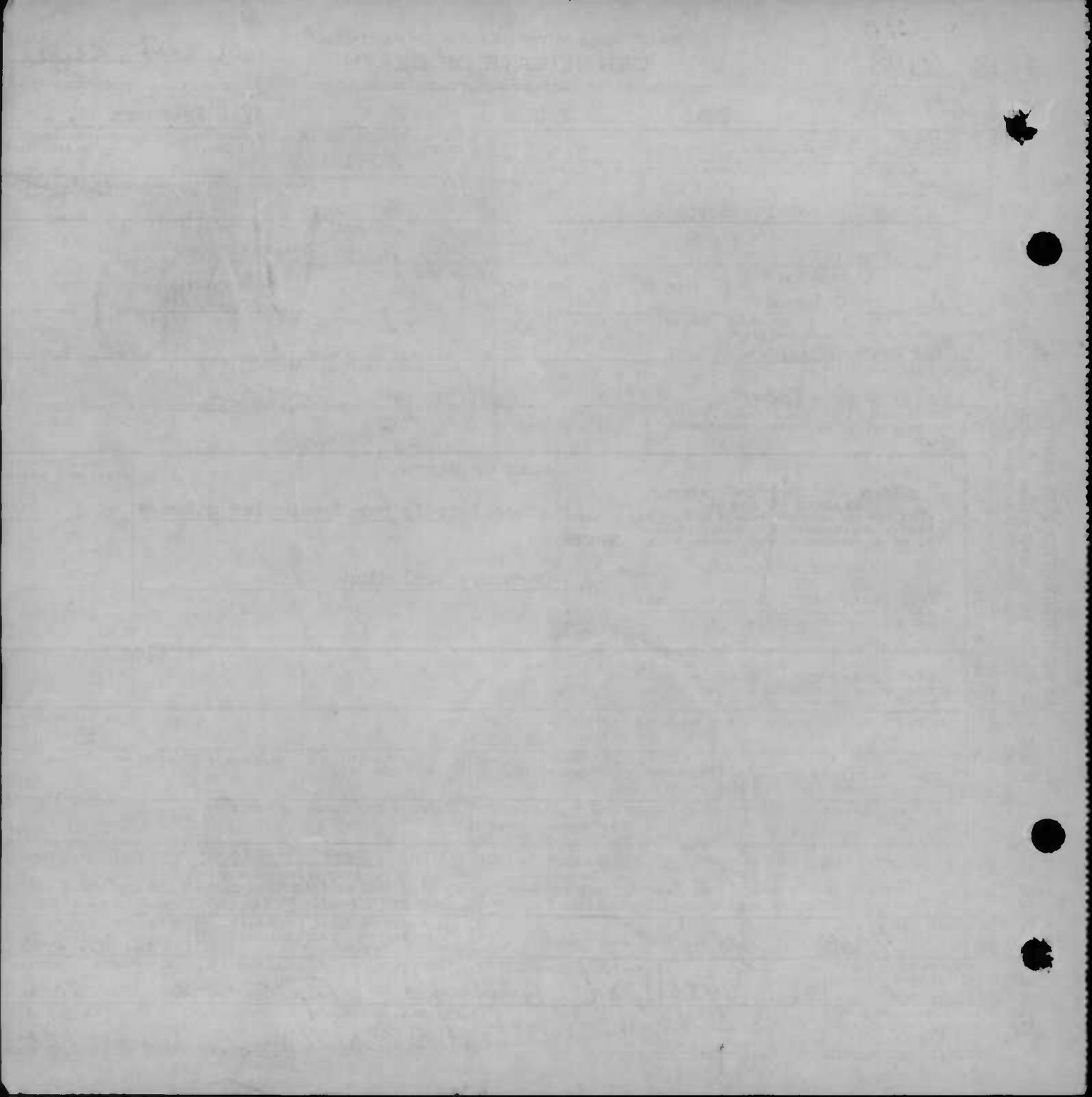
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2198**

 BIRTH NO. **456 2198**

1. NAME OF DECEASED (Type or Print) PERCY PALMER		2. DATE OF DEATH February 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		O. STREET ADDRESS (If rural, give location) 743 W. Fayette Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 3, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
13. FATHER'S NAME Samuel Palmer		14. MOTHER'S MAIDEN NAME Emma Hardy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Harriet Thompson		ADDRESS 743 W. Fayette St	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary occlusion (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 25, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 2, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1953	REGISTRAR'S SIGNATURE Harriet Thompson	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
		ADDRESS Schroeder St.	



CERTIFICATE OF DEATH

CAUSE OF DEATH

1. DISEASE OR INJURY

2. MANNER OF DEATH

3. PLACE OF DEATH

4. TIME OF DEATH

5. SIGNATURE OF DEATH CERTIFICATE

6. SIGNATURE OF WITNESSES

7. SIGNATURE OF DEATH CERTIFICATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2200
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel H. Burnham

2. DATE
OF
DEATH

Feb. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)
INSTITUTION

Anderson Nursing Home
3604 Mohawk Ave.,

D. STREET ADDRESS (If rural, give location)

3104 Clifton Ave.,

c. Length of stay in Baltimore

28 - Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 4, 1874

9. AGE (in years last birthday)

79

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Connecticut

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew F. Loomer

14. MOTHER'S MAIDEN NAME

Elvira Monteville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Mabel H. Meikle 3104 Clifton Ave

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Generalized Arterio Sclerotic Arteriosclerosis

(A) Urterian Decal
DUE TO with uremia

(B) Rheumatoid Arthritis
DUE TO Exibility.

(C) Exibility.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1st 1949 to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oakcliff

24D. LOCATION (City, town, or county) (State)

Derby,

Conn.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

Huntington Williams, Jr.

G. Howard Strong 3207 W. North Ave.,

100-100000

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Registrar	
11. Signature of Physician		12. Signature of Medical Examiner		13. Signature of Coroner		14. Signature of Jury		15. Signature of Witnesses	
16. Signature of Burial Officer		17. Signature of Undertaker		18. Signature of Funeral Home		19. Signature of Cemetery		20. Signature of Interment	
21. Signature of Burial		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2201
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louery, Charles B

2. DATE
OF
DEATH

2-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

Allegheny

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Cumberland

D. STREET ADDRESS (If rural, give location)

510 City View Terrace

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-4-88

9. AGE (In years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary fireman

10B. KIND OF BUSINESS OR INDUSTRY

BO R.R.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Martha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hosp Record.

ADDRESS

18. *022X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *rupture aortic aneurism*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-22*, 19*53*, to *2-27*, 19*53*, that I last saw the deceased alive on *2-27*, 19*53*, and that death occurred at *10 30 M.*, from the causes and on the date stated above.

23A. SIGNATURE

W L. Heimer

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-7-1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Cumberland Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Agnes Funeral Home

ADDRESS

5350 Cumberland Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DAVIDSON COUNTY HEALTH DEPARTMENT

DATE OF DEATH: _____

TIME OF DEATH: _____

PLACE OF DEATH: _____

AGE: _____

SEX: _____

RACE: _____

EDUCATION: _____

OCCUPATION: _____

RELIGION: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

TIME OF DEATH: _____

PLACE OF DEATH: _____

AGE: _____

SEX: _____

RACE: _____

EDUCATION: _____

OCCUPATION: _____

RELIGION: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

TIME OF DEATH: _____

PLACE OF DEATH: _____

AGE: _____

SEX: _____

RACE: _____

EDUCATION: _____

OCCUPATION: _____

RELIGION: _____

DAVIDSON COUNTY HEALTH DEPARTMENT

CAUSE OF DEATH: _____
 MANNER OF DEATH: _____
 PLACE OF DEATH: _____
 TIME OF DEATH: _____
 AGE: _____
 SEX: _____
 RACE: _____
 EDUCATION: _____
 OCCUPATION: _____
 RELIGION: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

DATE OF DEATH: _____
 TIME OF DEATH: _____
 PLACE OF DEATH: _____
 AGE: _____
 SEX: _____
 RACE: _____
 EDUCATION: _____
 OCCUPATION: _____
 RELIGION: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

DATE OF DEATH: _____
 TIME OF DEATH: _____
 PLACE OF DEATH: _____
 AGE: _____
 SEX: _____
 RACE: _____
 EDUCATION: _____
 OCCUPATION: _____
 RELIGION: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

DATE OF DEATH: _____
 TIME OF DEATH: _____
 PLACE OF DEATH: _____
 AGE: _____
 SEX: _____
 RACE: _____
 EDUCATION: _____
 OCCUPATION: _____
 RELIGION: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

DATE OF DEATH: _____
 TIME OF DEATH: _____
 PLACE OF DEATH: _____
 AGE: _____
 SEX: _____
 RACE: _____
 EDUCATION: _____
 OCCUPATION: _____
 RELIGION: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

DATE OF DEATH: _____
 TIME OF DEATH: _____
 PLACE OF DEATH: _____
 AGE: _____
 SEX: _____
 RACE: _____
 EDUCATION: _____
 OCCUPATION: _____
 RELIGION: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2202**BIRTH NO. **53 2202**1. NAME OF DECEASED
(Type or Print)

Margaret Maxwell

2. DATE
OF
DEATH

Feb. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1845 Ramsay St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1845 Ramsay St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Oct., 10, 1895

9. AGE (In years
last birthday)

57yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR
INDUSTRY

Rutledge Corp.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Robert Maxwell

14. MOTHER'S MAIDEN NAME

Jessie McGregor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.
216-03-8537

17. INFORMANT

ADDRESS

Jessie Martz-sister-1845 Ramsay St.

18. 171X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 16 - 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of cervix

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1952 to Feb 26, 1953 that I last saw the
deceased alive on Feb 24, 1953. and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. C.

23B. ADDRESS

400 Fulton Ave

23C. DATE SIGNED

2/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county) (State)

Ritchie Highway Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1953

KRAUSE FUNERAL HOME 1216 S. Charles St.

CERTIFICATE OF DEATH

Decembris 7 anni -
Hanc inscriptionem
habet

Decembris 8 anni -

Dec 15 12 30 AM
12 30 AM
12 30 AM

Dec 15 12 30 AM
12 30 AM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH - COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE HOSPITAL OR INSTITUTION OR STREET ADDRESS 5303 Kenilworth Ave		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE STREET ADDRESS 5303 Kenilworth Ave	
3. NAME OF DECEASED (First) (Middle) (Last) MARY FORD		4. DATE OF DEATH (Month) (Day) (Year) FEB 25 1953	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unmarried	8. DATE OF BIRTH Apr. 9, 1884
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE last birthday 69 yrs. 10 Months Days Hours Min.
10a. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry A. Wroth		14. MOTHER'S MAIDEN NAME Isabell Sara Hammill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT Son Wm.B. Ford, 5303 Kenilworth Ave			

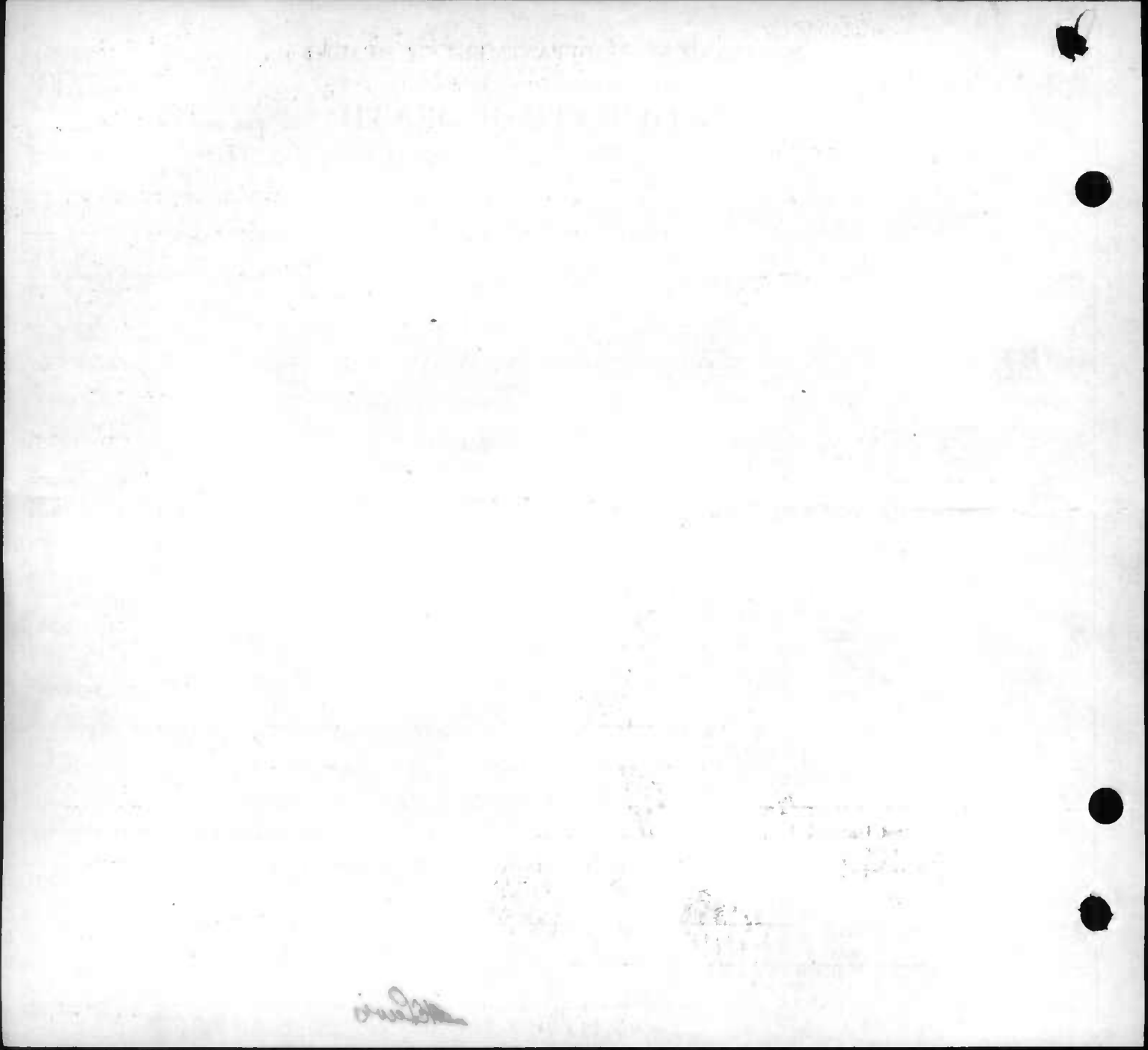
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 Immediate cause (a) Cerebral thromboses, multiple			2 1/2 yrs
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and arteriosclerosis			4 yrs
(c) Hypertensive arteriosclerotic heart disease			4 1/2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
Pulmonary emphysema, terminal pneumonia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While et Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1951, to 2/25, 1953, that I last saw the deceased alive on 2/23, 1953, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE: Jack Winkler, M.D. ADDRESS: 2502 Euphras Place Balw 17, Md DATE SIGNED: 2/26/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1953	Cokesburg Cemetery	Abingdon, Md. Harford
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 27 1953	Huntington Williams, M.D.	John A. Moran	3000 E. Baltimore St. Balto., Md.

7208A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2204

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Hill

2. DATE
OF
DEATH

2/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE Maryland B. COUNTY Hartford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Perryman Md.

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

7 yrs.

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/23/1882

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farm Land

10B. KIND OF BUSINESS OR
INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Halifax, N.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sip Hill

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Luzerne Hill Perryman Md.

18. 434.1 and 177x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ca of Prostate

INTERVAL BETWEEN
ONSET AND DEATH

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb. 27, 1953, that I last saw the deceased alive on Feb. 27, 1953, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanford P. Henderson M.D.

23B. ADDRESS

2309 Dund Hill

23C. DATE SIGNED

2-27-53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/27/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Aberdeen Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry Tarring & Sons

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of church		22. Signature of school		23. Signature of business		24. Signature of other	
25. Signature of witness		26. Signature of jury		27. Signature of court		28. Signature of state	
29. Signature of federal		30. Signature of international		31. Signature of universal		32. Signature of eternal	
33. Signature of immortal		34. Signature of divine		35. Signature of holy		36. Signature of blessed	
37. Signature of glorious		38. Signature of magnificent		39. Signature of wonderful		40. Signature of marvelous	
41. Signature of amazing		42. Signature of incredible		43. Signature of unbelievable		44. Signature of extraordinary	
45. Signature of phenomenal		46. Signature of superhuman		47. Signature of supernatural		48. Signature of divine	
49. Signature of heavenly		50. Signature of celestial		51. Signature of ethereal		52. Signature of spiritual	
53. Signature of mental		54. Signature of intellectual		55. Signature of scientific		56. Signature of artistic	
57. Signature of literary		58. Signature of musical		59. Signature of dramatic		60. Signature of theatrical	
61. Signature of operatic		62. Signature of cinematic		63. Signature of photographic		64. Signature of pictorial	
65. Signature of graphic		66. Signature of sculptural		67. Signature of architectural		68. Signature of engineering	
69. Signature of mechanical		70. Signature of electrical		71. Signature of chemical		72. Signature of biological	
73. Signature of geological		74. Signature of astronomical		75. Signature of meteorological		76. Signature of climatological	
77. Signature of oceanological		78. Signature of hydrological		79. Signature of atmospheric		80. Signature of environmental	
81. Signature of ecological		82. Signature of environmental		83. Signature of geographical		84. Signature of historical	
85. Signature of archaeological		86. Signature of anthropological		87. Signature of sociological		88. Signature of psychological	
89. Signature of behavioral		90. Signature of educational		91. Signature of pedagogical		92. Signature of didactic	
93. Signature of instructional		94. Signature of curricular		95. Signature of pedagogical		96. Signature of didactic	
97. Signature of instructional		98. Signature of curricular		99. Signature of pedagogical		100. Signature of didactic	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2205**

W-410
BIRTH NO. **53 2205**

1. NAME OF DECEASED (Type or Print) ANDREW L. WOLF			2. DATE OF DEATH 2-24-53.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 616 S. EATON ST.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE 26 09		
c. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 616 S. EATON ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-4-93.		9. AGE (In years last birthday) 59 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPECIAL LABOR		10B. KIND OF BUSINESS OR INDUSTRY STAND. OIL CO.	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BLAZEUS WOLF			14. MOTHER'S MAIDEN NAME BARBARA DANNEMANN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214-01-4298	17. INFORMANT MARY E. WOLF		ADDRESS SAME

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I CORONARY THROMBOSIS		CAUSE OF DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 19 46 to Feb. 24, 1953 , that I last saw the deceased alive on Feb. 24, 1953 , and that death occurred at 10:50 P.M. m., from the causes and on the date stated above.					
23A. SIGNATURE J. W. Gaskel		23B. ADDRESS 637 S. Conkling St		23C. DATE SIGNED Feb. 27 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-28-53		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. MD.		25. FUNERAL DIRECTOR Charles S. Guler ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1953		REGISTRAR'S SIGNATURE Huntington Lindbaum, M.D.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2206
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOMMERS, Marie A.

2. DATE
OF
DEATH

2/26/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 6

D. STREET ADDRESS (If rural, give location)

4808 Frankford Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE. MARRIED.

WIDOWED. DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12/22/03

9. AGE (In years last birthday)

49

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTO., Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

BERNARD BELLERSEN

14. MOTHER'S MAIDEN NAME

MARY IMHOFF

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

WALTER A. SOMMERS

SAME

18. *780.2*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2/26*, 19*53*, to *2/26*, 19*53*, that I last saw the deceased alive on *2/26*, 19*53*, and that death occurred at *2⁰⁰ p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Heimrich

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-2-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county)

7401 GERMAN HILL RD. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

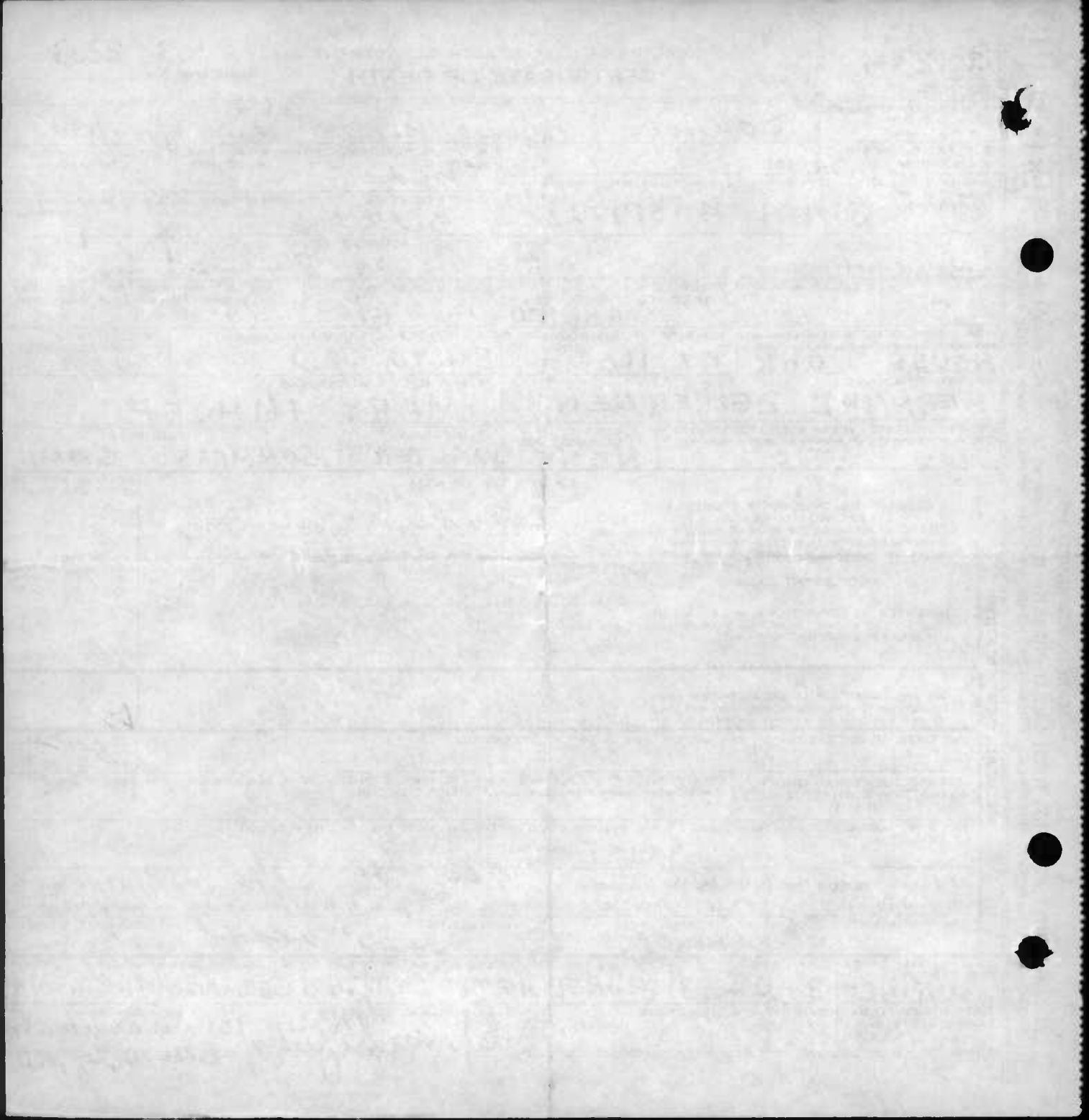
Charles S. Guler

ADDRESS

901 S. CONKLING ST. BALTO., MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2207

Registered No. _____

2. DATE OF DEATH **Feb. 27, 1953**

1. NAME OF DECEASED
(Type or Print) **JULIAN EARL LEWIS**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Dorchester**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**US Public Health Service Hospital
Wyman Pl. Drive & 31st street**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Fishing Creek

c. Length of stay in Baltimore
Yrs. **?** Mos. **?** Days **?**

D. STREET ADDRESS (If rural, give location)
5900

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
8/29/00

9. AGE (In years last birthday)
52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
oysterman

10B. KIND OF BUSINESS OR INDUSTRY
seafaring

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Samuel Lewis

14. MOTHER'S MAIDEN NAME
Georgia Tolley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
?

16. SOCIAL SECURITY NO.
217-14-8114

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute coronary occlusion with infarction**

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of right lung**

4 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 28**, 19 **53** to **Feb. 27**, 19 **53** that I last saw the deceased alive on **Feb. 27, 1953** and that death occurred at **10:35 AM**, from the causes and on the date stated above.

23A. SIGNATURE
J.A. Hunter, Clinical Director

23B. ADDRESS
US PHS Hospital, Balto, Md.

23C. DATE SIGNED
2/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
FEB 27 1953

REGISTRAR'S SIGNATURE
Howard H. Hubbard

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

RG

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2208

G-652
53 2208

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grimes, Maggie

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland FRANKLIN SQUARE HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY Kent

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chestertown Md.

D. STREET ADDRESS (If rural, give location)

206 W. Willey's Lane 6431

c. Length of stay in Baltimore

5 days

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MARCH 3, 1909

9. AGE (In years
last birthday)

43 yr.

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic House Work

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Queen Anne County

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip Grimes

14. MOTHER'S MAIDEN NAME

Emma Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

7

17. INFORMANT

ADDRESS

Hosp. Records. F.S.H.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral aneurysm

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Secondary to arteriosclerosis probable

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1953, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Maggie Grimes

M. D.

23B. ADDRESS

FRANKLIN SQUARE HOSP. 2-27-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

PICK NECK CEM

24D. LOCATION (City, town, or county)

QUEEN ANNE CO. MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 28 1953

REGISTRAR'S SIGNATURE

Huntington Harrison, M.D.

25. FUNERAL DIRECTOR

J. Willis Wells

ADDRESS

CHESTERTOWN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 2209

BIRTH NO.

2209

53-03918

1. NAME OF DECEASED
(Type or Print)

Infant of Ruby Stepney

(369693)

2. DATE
OF
DEATH

February 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1525 Madison Street - 5

c. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

February 2, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

18 52

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Stepney

14. MOTHER'S MAIDEN NAME

Ruby Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 754.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital cardiac abnormalities

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Transposition of great vessels; Patent
ductus arteriosus

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 2, 1953 to February 2, 1953 that I last saw the
deceased alive on February 2, 1953, and that death occurred at 8.30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

The Johns Hopkins Hospital 2/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

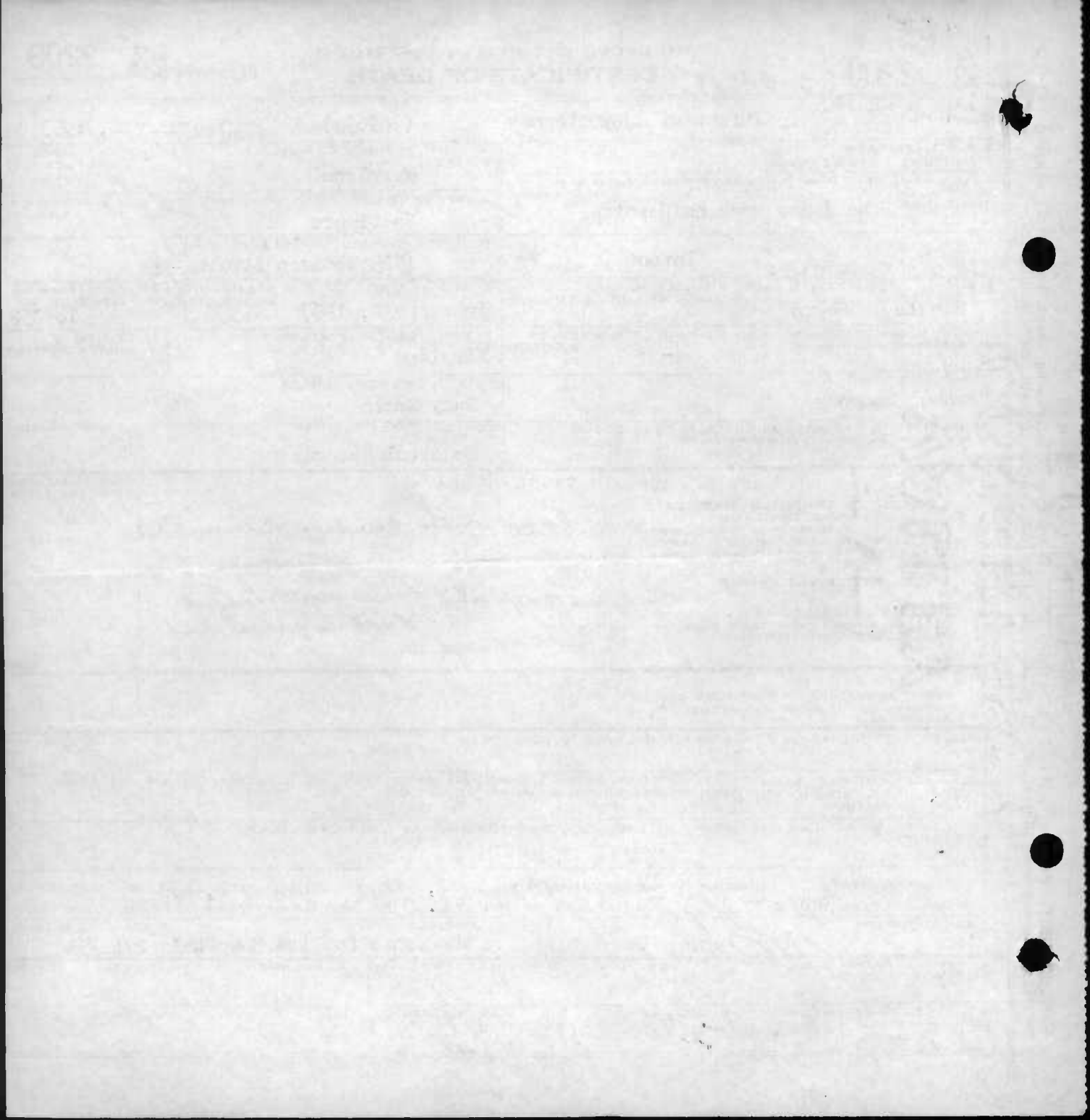
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1953

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

560
AB-169100

BALTIMORE CITY HEALTH DEPARTMENT

53 2210

53 2210 53-04379

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Lohmeyer - Catherine			2. DATE OF DEATH Feb. 23-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 200 E. Lafayette Ave. zone 2		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH Feb. 23-1953		9. AGE (in years last birthday) II Under 1 Year Months Days II Under 24 Hours Hours Min. 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Lohmeyer			14. MOTHER'S MAIDEN NAME Catherine McCaughey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Prematurity (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-23 , 19 53 to 2-23 , 19 53 that I last saw the deceased alive on 2-23 , 19 53 , and that death occurred at 3.45P m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. R. R.		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 2-24-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 2-25-53		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

CERTIFICATE OF DEATH

CAUSE OF DEATH

AGE

DATE OF DEATH

PLACE OF DEATH

SEX

EDUCATION

RELIGION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF INTERMENT

PLACE OF INTERMENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 2211**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ronald J. Travegline

2. DATE
OF
DEATH

2-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1213 Light St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

S. Balt. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pulaski Highway Box 504 R.F.D. 16

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2 1911

9. AGE (In years last birthday)

41

10. Under 1 Year Months: Days

10 24

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Paymaster

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Co Canonsburg Pa

11. BIRTHPLACE (State or foreign country)

Canonsburg Pa

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Giuseppe Travegline

14. MOTHER'S MAIDEN NAME

Maria Pattera

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

212-10-2137

17. INFORMANT

Mary A. Travegline (Pulaski Highway)

ADDRESS

18. **198. ✓**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Metastatic Carcinoma to Retroperitoneal nodes.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **FEB 18, 1953** to **2-26, 1953**, that I last saw the deceased alive on **2-26, 1953**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. McQuoway

23B. ADDRESS

M. D.

South Baltimore Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 2 1953 Oak Lawn Cemetery

Baltimore md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

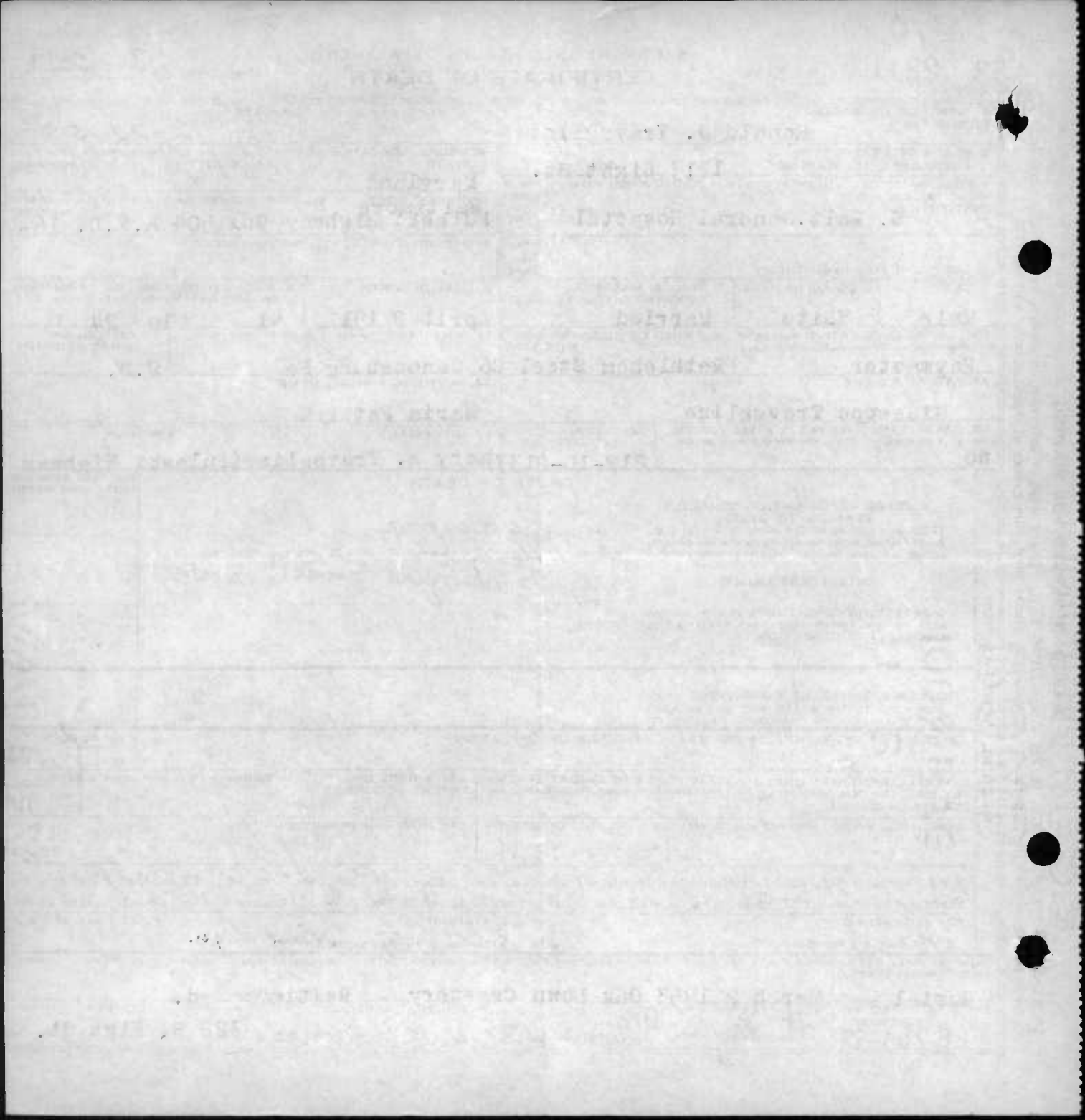
FEB 28 1953

Huntington Williams, M.D. Frank Della Rose

322 S. High St.

VS 150

390 3A



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2212**

53 2212
BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAUL LOOSE			2. DATE OF DEATH 2/27/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1725 WILMINGTON AVE			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION ✓			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 25-26		
c. Length of stay in Baltimore 60 YRS			D. STREET ADDRESS (If rural, give location) 1725 WILMINGTON AVE		
5. SEX M	6. COLOR OR RACE WHT	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 3/1/1875	9. AGE (In years last birthday) 77	If Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSTRUMENT MAKER.		10B. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) GERMANY	
13. FATHER'S NAME W.M. LOOSE.			14. MOTHER'S MAIDEN NAME ANNA LIEBMAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. ✓		17. INFORMANT ADDRESS MRS. G. WILLMAN 1725 WILMINGTON AVE	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ARTERIOSCLEROTIC C-V-D		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldgs., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN. 7 , 19 53 , to FEB. 27 , 19 53 , that I last saw the deceased alive on FEB 27, 1953 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. Arthur Roschera, M.D.		23B. ADDRESS 2436 Washington Blvd - 30		23C. DATE SIGNED 2/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/2/53		24C. NAME OF CEMETERY OR CREMATORY LOUSON PK CEMETERY	
24D. LOCATION (City, town, or county) (State) FRED AVE		25. FUNERAL DIRECTOR GEO. H. LEIMBACH			
DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2213
Registered No.1. NAME OF DECEASED
(Type or Print)

HENRY W. ROTH

2. DATE
OF DEATH February 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 1606 Cliftview Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1606 Cliftview Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

January 27, 1865

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roth

14. MOTHER'S MAIDEN NAME

Caroline Hohlweg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth R. Thompson, 1606 Cliftview Avenue

18. 422.2 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs -

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to 2/27/53, that I last saw the
deceased alive on 2/21/53, and that death occurred at 1:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1953

H. W. Williams, M.D.

26. M. Cooke, Inc.,

1217 St. Paul Street

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF DECEASED	
10. SIGNATURE OF WITNESSES		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF CORONER	
13. SIGNATURE OF JUDGE		14. SIGNATURE OF CLERK		15. SIGNATURE OF SHERIFF	
16. SIGNATURE OF DISTRICT ATTORNEY		17. SIGNATURE OF COUNTY CLERK		18. SIGNATURE OF TOWNSHIP CLERK	
19. SIGNATURE OF VILLAGE CLERK		20. SIGNATURE OF POSTMASTER		21. SIGNATURE OF SCHOOL SUPERVISOR	
22. SIGNATURE OF CHURCH CLERG		23. SIGNATURE OF MINISTERS		24. SIGNATURE OF RABBIS	
25. SIGNATURE OF OTHERS		26. SIGNATURE OF DECEASED'S NEAREST RELATIVE		27. SIGNATURE OF DECEASED'S NEXT OF KIN	
28. SIGNATURE OF DECEASED'S ESTATE		29. SIGNATURE OF DECEASED'S ESTATE		30. SIGNATURE OF DECEASED'S ESTATE	
31. SIGNATURE OF DECEASED'S ESTATE		32. SIGNATURE OF DECEASED'S ESTATE		33. SIGNATURE OF DECEASED'S ESTATE	
34. SIGNATURE OF DECEASED'S ESTATE		35. SIGNATURE OF DECEASED'S ESTATE		36. SIGNATURE OF DECEASED'S ESTATE	
37. SIGNATURE OF DECEASED'S ESTATE		38. SIGNATURE OF DECEASED'S ESTATE		39. SIGNATURE OF DECEASED'S ESTATE	
40. SIGNATURE OF DECEASED'S ESTATE		41. SIGNATURE OF DECEASED'S ESTATE		42. SIGNATURE OF DECEASED'S ESTATE	
43. SIGNATURE OF DECEASED'S ESTATE		44. SIGNATURE OF DECEASED'S ESTATE		45. SIGNATURE OF DECEASED'S ESTATE	
46. SIGNATURE OF DECEASED'S ESTATE		47. SIGNATURE OF DECEASED'S ESTATE		48. SIGNATURE OF DECEASED'S ESTATE	
49. SIGNATURE OF DECEASED'S ESTATE		50. SIGNATURE OF DECEASED'S ESTATE		51. SIGNATURE OF DECEASED'S ESTATE	
52. SIGNATURE OF DECEASED'S ESTATE		53. SIGNATURE OF DECEASED'S ESTATE		54. SIGNATURE OF DECEASED'S ESTATE	
55. SIGNATURE OF DECEASED'S ESTATE		56. SIGNATURE OF DECEASED'S ESTATE		57. SIGNATURE OF DECEASED'S ESTATE	
58. SIGNATURE OF DECEASED'S ESTATE		59. SIGNATURE OF DECEASED'S ESTATE		60. SIGNATURE OF DECEASED'S ESTATE	
61. SIGNATURE OF DECEASED'S ESTATE		62. SIGNATURE OF DECEASED'S ESTATE		63. SIGNATURE OF DECEASED'S ESTATE	
64. SIGNATURE OF DECEASED'S ESTATE		65. SIGNATURE OF DECEASED'S ESTATE		66. SIGNATURE OF DECEASED'S ESTATE	
67. SIGNATURE OF DECEASED'S ESTATE		68. SIGNATURE OF DECEASED'S ESTATE		69. SIGNATURE OF DECEASED'S ESTATE	
70. SIGNATURE OF DECEASED'S ESTATE		71. SIGNATURE OF DECEASED'S ESTATE		72. SIGNATURE OF DECEASED'S ESTATE	
73. SIGNATURE OF DECEASED'S ESTATE		74. SIGNATURE OF DECEASED'S ESTATE		75. SIGNATURE OF DECEASED'S ESTATE	
76. SIGNATURE OF DECEASED'S ESTATE		77. SIGNATURE OF DECEASED'S ESTATE		78. SIGNATURE OF DECEASED'S ESTATE	
79. SIGNATURE OF DECEASED'S ESTATE		80. SIGNATURE OF DECEASED'S ESTATE		81. SIGNATURE OF DECEASED'S ESTATE	
82. SIGNATURE OF DECEASED'S ESTATE		83. SIGNATURE OF DECEASED'S ESTATE		84. SIGNATURE OF DECEASED'S ESTATE	
85. SIGNATURE OF DECEASED'S ESTATE		86. SIGNATURE OF DECEASED'S ESTATE		87. SIGNATURE OF DECEASED'S ESTATE	
88. SIGNATURE OF DECEASED'S ESTATE		89. SIGNATURE OF DECEASED'S ESTATE		90. SIGNATURE OF DECEASED'S ESTATE	
91. SIGNATURE OF DECEASED'S ESTATE		92. SIGNATURE OF DECEASED'S ESTATE		93. SIGNATURE OF DECEASED'S ESTATE	
94. SIGNATURE OF DECEASED'S ESTATE		95. SIGNATURE OF DECEASED'S ESTATE		96. SIGNATURE OF DECEASED'S ESTATE	
97. SIGNATURE OF DECEASED'S ESTATE		98. SIGNATURE OF DECEASED'S ESTATE		99. SIGNATURE OF DECEASED'S ESTATE	
100. SIGNATURE OF DECEASED'S ESTATE		101. SIGNATURE OF DECEASED'S ESTATE		102. SIGNATURE OF DECEASED'S ESTATE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2214M-240
53 2214

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rella Maxwell

2. DATE OF DEATH February 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4516 Hamilton AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
4516 Hamilton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 10, 1865

9. AGE (In years last birthday)

88If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home11. BIRTHPLACE (State or foreign country)
Pine Grove, West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ogden

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Beulah Maxwell, 4516 Hamilton Avenue18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL DEGENERATION

DUE TO

5 YRS +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) SENILITY

DUE TO

5 YRS +

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INFLUENZA3 wks.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW OLD INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 2/7, 1953, to 2/27, 1953, that I last saw the deceased alive on 2/26, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Wm. Cook

M. D.

23B. ADDRESS

633/ Belair Rd. (6)

23C. DATE SIGNED

2/27/1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

FEB 28 1953

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of jury		14. Signature of witnesses		15. Signature of family	
16. Signature of neighbors		17. Signature of community		18. Signature of church	
19. Signature of school		20. Signature of other		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
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88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2215
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Aloysius H. Fritsch

2. DATE
OF
DEATH

Feb 27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1921 E. Preston St.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

7. STREET ADDRESS (If rural, give location)

1921 E. Preston St.

c. Length of stay in Baltimore

Life

8. SEX

Male

9. COLOR OR RACE

White

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

11. DATE OF BIRTH

Nov. 24 1869

12. AGE (In years last birthday)

83

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor Retired

14. KIND OF BUSINESS OR INDUSTRY

Balto. Transit Co.

15. BIRTHPLACE (State or foreign country)

Balto.

16. CITIZEN OF WHAT COUNTRY?

U.S.A.

17. FATHER'S NAME

?

FRITSCH

18. MOTHER'S MAIDEN NAME

?

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

20. SOCIAL SECURITY NO.

No

21. INFORMANT

Mildred J. Fritsch

ADDRESS

1921 E. Preston St.

22. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Pancreas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

1950

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☐ NO ☒

26. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

29. TIME (Month) (Day) (Year) (Hour) OF INJURY

30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

31. HOW DID INJURY OCCUR?

32. I hereby certify that I attended the deceased from **2/1**, 19**53** to **2/27**, 19**53**, that I last saw the deceased alive on **2/27**, 19**53**, and that death occurred at **11: Am.**, from the causes and on the date stated above.

33. SIGNATURE

J. Joseph Towhey

34. ADDRESS

2110 S. Ellwood Ave.

35. DATE SIGNED

2/27/53

36. BURIAL, CREMATION, REMOVAL (Specify)

Burial

37. DATE

March 2-53

38. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

39. LOCATION (City, town, or county)

Balair Rd. Balto. 6 Md

(State)

40. DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1953

41. REGISTRAR'S SIGNATURE

Huntington Williams

42. FUNERAL DIRECTOR

Wm. J. Ogilvie

ADDRESS

1800 E. Lombard St.

Dr. J. J. J. J.

CERTIFICATE CORRECTED

3-5-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2316

53 2316

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL M. DOYLE

2. DATE
OF
DEATH

2-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

White Marsh

D. STREET ADDRESS (If rural, give location)

5300

c. Length of stay in Baltimore

1 hour

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 12, 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Newton Hamilton, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel W. Creig

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Robert Daniel Richardson, White Marsh, Md.

18. E812,4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed Chest

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple fractures of extremities

~~XXXX~~

(C) Subarachnoid Hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Cowenton, Md.

Ebenezer Rd. and Pulaski Highway, 5300

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2/27/53 7:15 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Cook

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

I.O.O.F.

24D. LOCATION (City, town, or county)

Mapleton, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

2/28/53

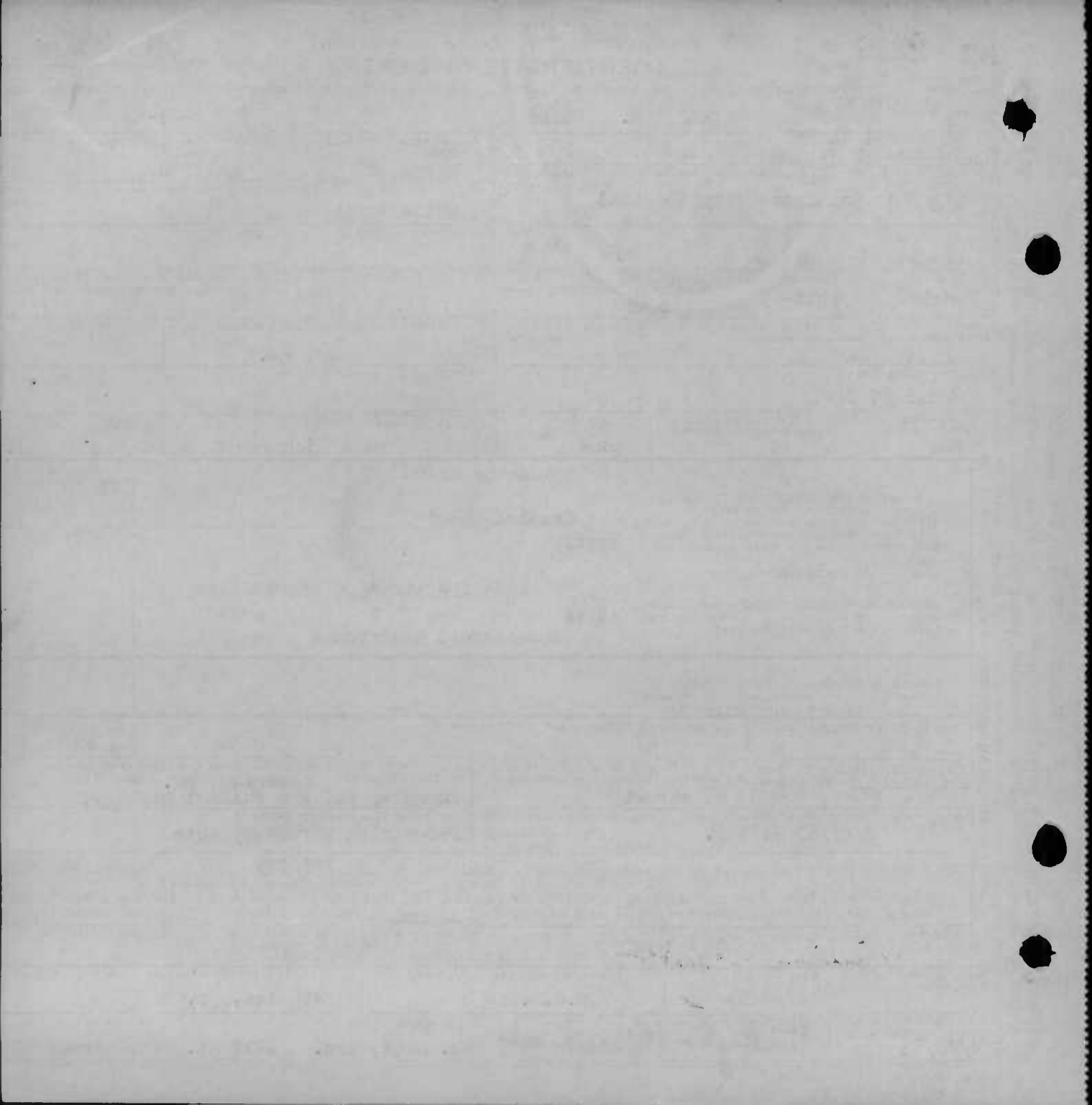
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul Street



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2817

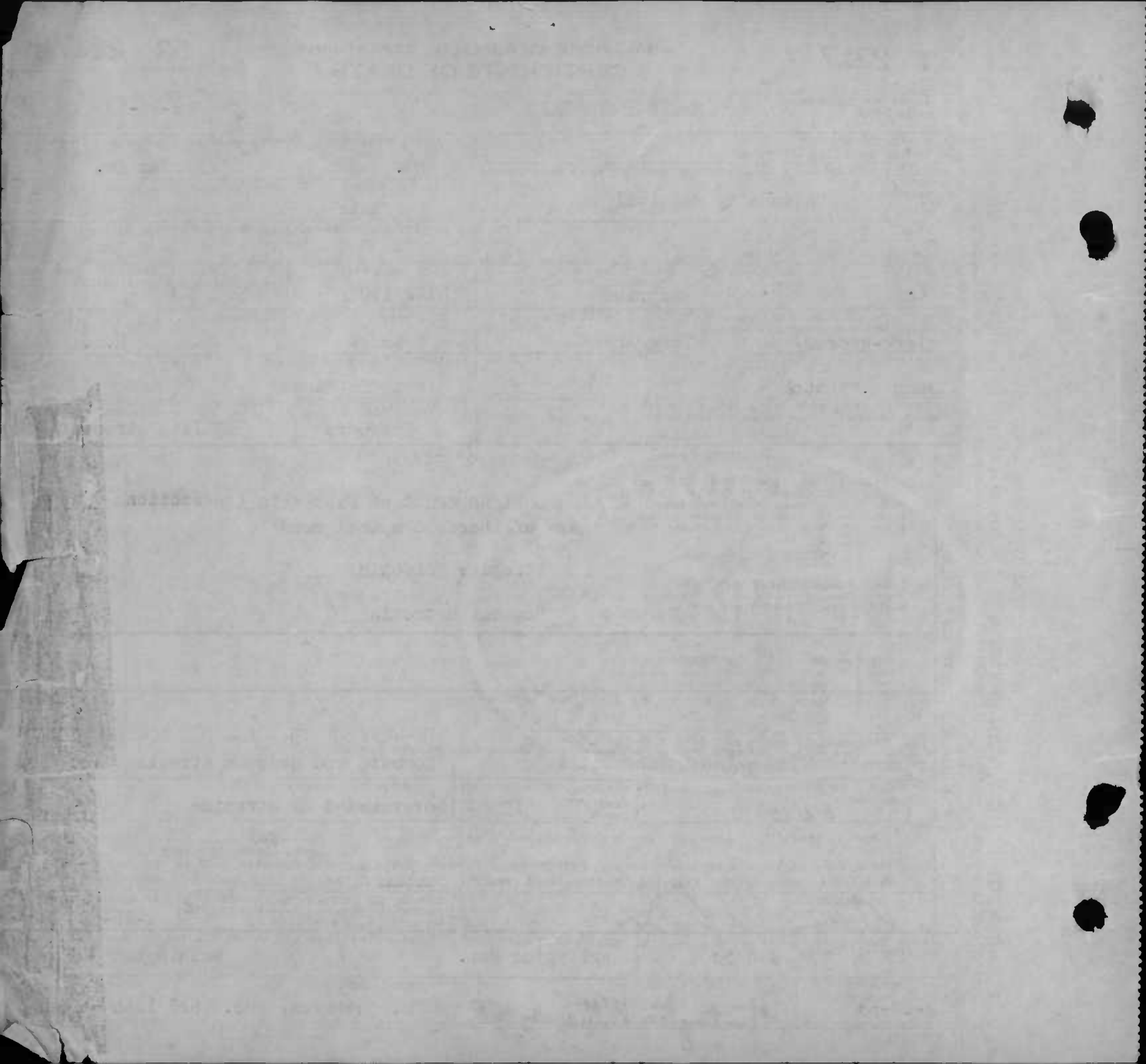
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2817
Registered No.

1. NAME OF DECEASED (Type or Print)		MARIE BOSWELL		2. DATE OF DEATH 2-28-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		A. STATE Md. B. COUNTY Charles Co.			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Plata			
5. SEX F.		6. COLOR OR RACE W.		D. STREET ADDRESS (If rural, give location) 58	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4/22/1902		9. AGE (In years last birthday) 50	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk-grocery		10B. KIND OF BUSINESS OR INDUSTRY grocery		11. BIRTHPLACE (State or foreign country) Chicago	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME John M. Veatch		14. MOTHER'S MAIDEN NAME Annie Mc Manus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Chambers	
18. E 919.9 and E 877.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shotgun wound of back with transection of thoracic spinal cord ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atropine Poisoning Bronchopneumonia II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION 2/28/53		19B. MAJOR FINDINGS OF OPERATION overdosage of atropine	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Lombard and Redwood Streets 4/2		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2/28/53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE William W. Chambers, M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 2-28-53		24A. BURIAL, CREMATION, REMOVAL (Specify) 3/4/53		24B. DATE 3/4/53	
24C. NAME OF CEMETERY OR CREMATORY Arlington Nat.		24D. LOCATION (City, town, or county) (State) Washington		25. FUNERAL DIRECTOR W. W. Chambers, Inc.	
DATE RECEIVED BY LOCAL REGISTRAR 2-28-53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 517 11th Street	

VS 151

N 977X

39064



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2218
Registered No.

636
53 2218
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Susan Carter			2. DATE OF DEATH February 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mo. B. COUNTY Ba/To.		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 9-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3605 Yolanda Rd.		
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Feb 22, 1881	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Keller		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Cerebral Vascular Accident (A) DUE TO Generalized Arteriosclerosis (B) DUE TO HCVD (C) DUE TO HCVD			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 26, 1953 to February 26, 1953 , that I last saw the deceased alive on February 26, 1953 , and that death occurred at 9:40 PM from the causes and on the date stated above.					
23A. SIGNATURE Charles Romo		23B. ADDRESS M. D. 1400 N. Caroline St.		23C. DATE SIGNED February 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 2, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cem	
24D. LOCATION (City, town, or county) (State) Balto		24E. LOCATION (City, town, or county) (State) Mo.		24F. LOCATION (City, town, or county) (State) Mo.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mrs. Kate R. Williams	
				ADDRESS Schenck St	

STATE OF NEW YORK
CERTIFICATE OF DEATH

CAUSE OF DEATH

DECEASED'S CONDITION DIRECTLY
OR INDIRECTLY CAUSED BY

ACQUEDUCT CHAMBER

DECEASED'S CONDITION IN WHOLE OR
IN PART CAUSED BY

ACQUEDUCT CHAMBER

ACQUEDUCT CHAMBER

ACQUEDUCT CHAMBER

ACQUEDUCT CHAMBER

ACQUEDUCT CHAMBER

ACQUEDUCT CHAMBER

ACQUEDUCT CHAMBER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2219**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSINA G. K. REED

2. DATE
OF
DEATH

Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5408 Reisterstown Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5408 Reisterstown Rd.

c. Length of stay in Baltimore
Yrs. Mos. Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 14, 1903

9. AGE (In years last birthday)

49

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter M. Kreis

14. MOTHER'S MAIDEN NAME

Emma Mantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-09-7149

17. INFORMANT

ADDRESS

Mr. William T. Reed - 5408 Reisterstown Rd.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Primary carcinoma of stomach with metastasis to pancreas

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

- Chronic Bronchitis

7 yrs.

19A. DATE OF OPERATION

August - 1952

19B. MAJOR FINDINGS OF OPERATION

- Primary carcinoma of stomach

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1945, to Feb. 27, 1953 that I last saw the deceased alive on Feb. 26, 1953 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chambers

23B. ADDRESS

4108 Liberty St. - Balto. Md. - 21205

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1954

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2220
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS A. CRAMER

2. DATE OF DEATH
Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3004 Clifton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3004 Clifton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 24, 1885

9. AGE (in years last birthday)

67

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

Printers

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry L. Cramer

14. MOTHER'S MAIDEN NAME

Carolyn Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. H. Gay Cramer-3004 Clifton Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Heart Disease

3 years

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Feb 27, 1953 that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 1:54 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1953

Huntington Williams, M.D.

J. J. Pickner & Sons

VS 150

310 44

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO
LIBRARY

15
15
15



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2221
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ESTHER LEVY

2. DATE
OF

DEATH Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3609 Labyrinth Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3609 Labyrinth Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

About 85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Ronick

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Dr. Benj. M. Thaman-3609 Labyrinth Rd.

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho pneumonia

5 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Hypertensive C.V. Disease

8 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-21-1941, to 2-27-1953, that I last saw the deceased alive on 2-27-1953, and that death occurred at 8 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Thomas

23B. ADDRESS

2424 Euteria Place

23C. DATE SIGNED

2-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/28/53

24C. NAME OF CEMETERY OR CREMATORY

Forest Lawn Cem.

24D. LOCATION (City, town, or county)

Norfolk, Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickener & Sons

ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

CAUSE OF DEATH

DATE
PLACE
SEX
AGE

DECEASED
RESIDENT OF
CITY OF
STATE OF
DECEASED
RESIDENT OF
CITY OF
STATE OF

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RESIDENT OF
CITY OF
STATE OF

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2222
Registered No.

B-251
53 2222
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA E. BEAUCHAMP

2. DATE
OF
DEATH

Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4706 Delaware Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4706 Delaware Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 21, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Hildt

14. MOTHER'S MAIDEN NAME

Hannah Hutchins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Lillian Moran - 4706 Delaware Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

2 mo +

(C) DUE TO

Arteriosclerosis

2 mo +

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Myocarditis

2 mo +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb 27, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 4:12 m., from the causes and on the date stated above.

23A. SIGNATURE

F. L. DeBarbieri

23B. ADDRESS

4723 Park Heights Ave.

23C. DATE SIGNED

Feb. 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M. J. Trickey & Sons

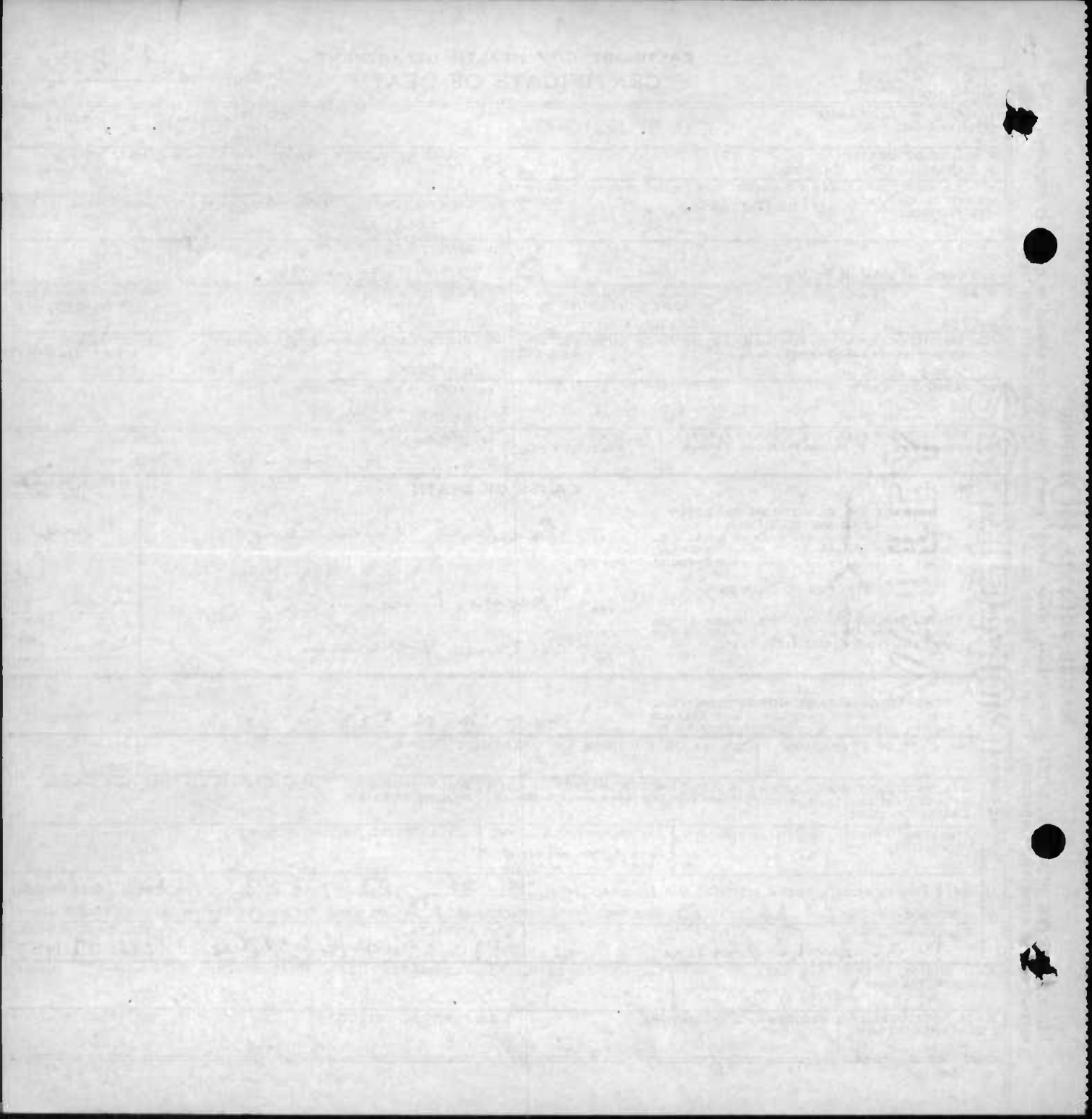
ADDRESS

Call 17 mmd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and leg.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2223

BIRTH NO. 416 53 2223

1. NAME OF DECEASED
(Type or Print)

KENNETH A. ALBRECHT

2. DATE
OF
DEATH

Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2540 W. Lombard St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2540 W. Lombard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Apr. 14, 1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR
INDUSTRY

Real Est. & Ins.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Albrecht

14. MOTHER'S MAIDEN NAME

Katie E. Zaiser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise V. Albrecht-2540 W. Lombard St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1953, to 2/27, 1953, that I last saw the
deceased alive on 2/26, 1953, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1953

VS 150

Huntington Williams, M.D.

H. M. J. Pickner & Sons

47074

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct agency is especially important. Physicians: please write the causes of death clearly and legibly.

TO THE HONORABLE MEMBERS OF THE SENATE
AND HOUSE OF REPRESENTATIVES
OF THE UNITED STATES

THE SECRETARY OF THE INTERIOR
WASHINGTON, D. C.

DEAR SENATORS AND REPRESENTATIVES:

I have the honor to acknowledge the receipt of your letter of the 10th inst., in relation to the proposed extension of the term of office of the members of the Board of Geographical Names, and in reply to inform you that the same has been referred to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,
J. M. [Signature]

RECEIVED
JAN 10 1891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE AMENDED 6/22/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2224
Registered No. _____

120
53 2224
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hobbs, Sarah D.</i>			2. DATE OF DEATH <i>27 Feb 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>528 E. 35th St.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>27 April 1885</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		
13. FATHER'S NAME <i>William T. Davis.</i>			14. MOTHER'S MAIDEN NAME <i>Sarah A. Hoing</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Mr. Andrew J. Hobbs-528 E. 35th St.</i>			ADDRESS		

18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis, metastases to bone marrow, adrenals, pancreas</i>			CAUSE OF DEATH (A) <i>Carcinomatosis, metastases to bone marrow, adrenals, pancreas</i> (B) <i>Primary carcinoma of liver</i> (C) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>2</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7 Feb</i> , 1953, to <i>27 Feb</i> , 1953, that I last saw the deceased alive on <i>27 Feb</i> , 1953, and that death occurred at <i>4:54 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Waverly J. Green, Jr.</i>		23B. ADDRESS <i>Union Memorial Hosp</i>		23C. DATE SIGNED <i>2-27-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial,</i>	24B. DATE <i>3/2/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 28 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Tiekner & Sons</i>		ADDRESS <i>Balto 17, Md.</i>

See Query reply in Document File

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2225

Registered No. _____

621
53 2225
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE (DOLLY) HIRSHFIELD

2. DATE
OF
DEATH

Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Ingram Hall Apts.
7301 Park Heights Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7301 Park Heights Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Mar. 4, 1870

9. AGE (in years last birthday)

82

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Levy

14. MOTHER'S MAIDEN NAME

Matilda Spier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harry Goldman - 7301 Park Hgts. Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

about 5 yrs.

DUE TO

(C) General Arterio-Sclerosis

10 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 15th, 1953, to February 27, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 1.30A m., from the causes and on the date stated above.

23A. SIGNATURE

Erwin E. Mayer

23B. ADDRESS

The Esplanade (17) Baltimore

23C. DATE SIGNED

2/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Silken & Sons

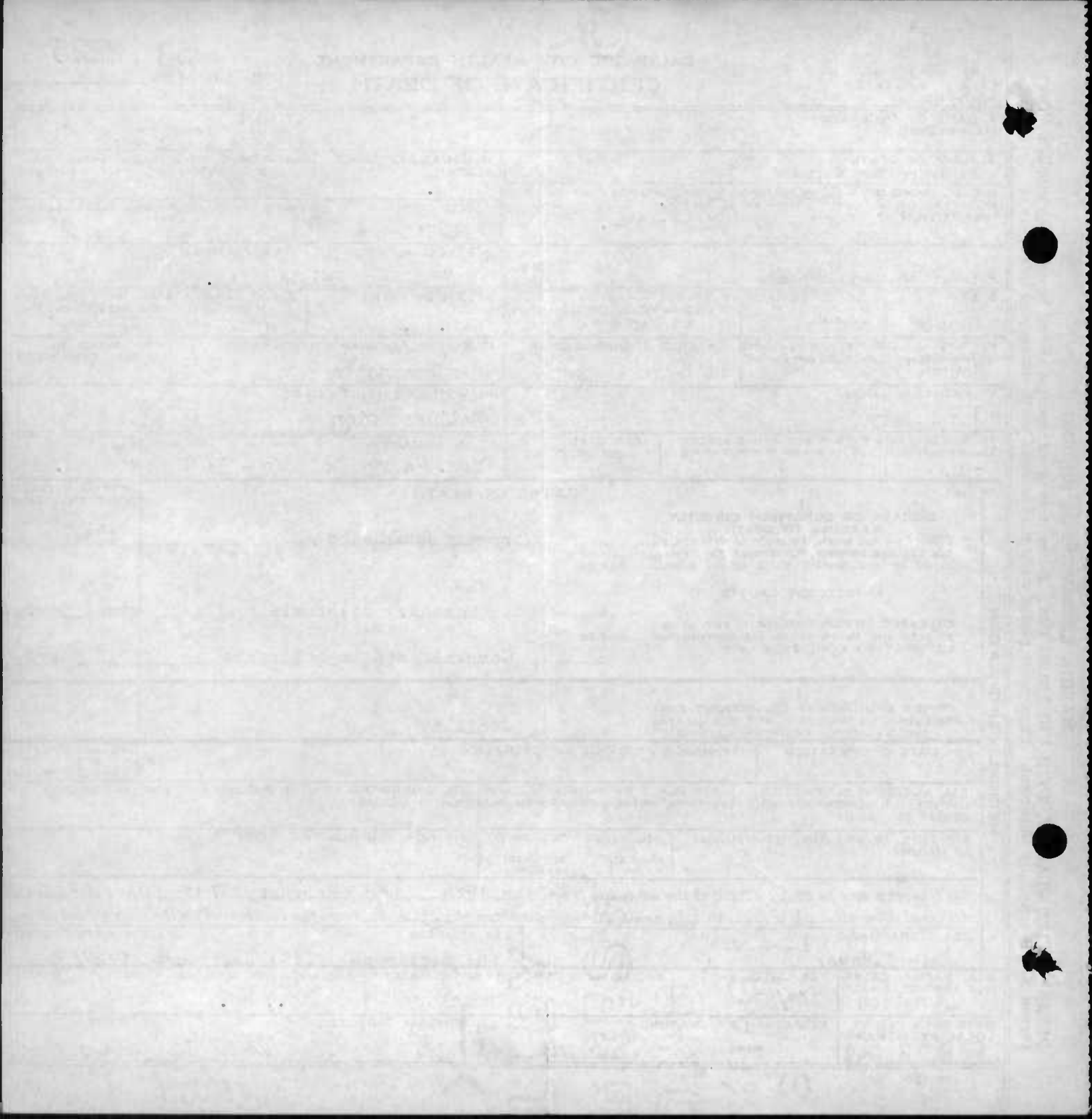
FEB 28 1953

VS 150

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2226
Registered No.

53 2226
BIRTH NO. *Non Res*

1. NAME OF DECEASED (Type or Print) BABY BRIAN			2. DATE OF DEATH January 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 423 Wheatfield Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days If Under 24 Hours Hours: Min. 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Louise</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. **E929.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

423 Wheatfield Avenue, Catonsville

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 9, 1953 1:00 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Baby was delivered into the toilet

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Jan. 9, 1953

24A. BURIAL CREMATION, REMOVAL (Specify)
Cremation

24B. DATE

1/26/53

24C. NAME OF CEMETERY OR CREMATORY

Monroe

24D. LOCATION (City, town, or county)

700 Fleet St

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R.S. Fisher, M.D.

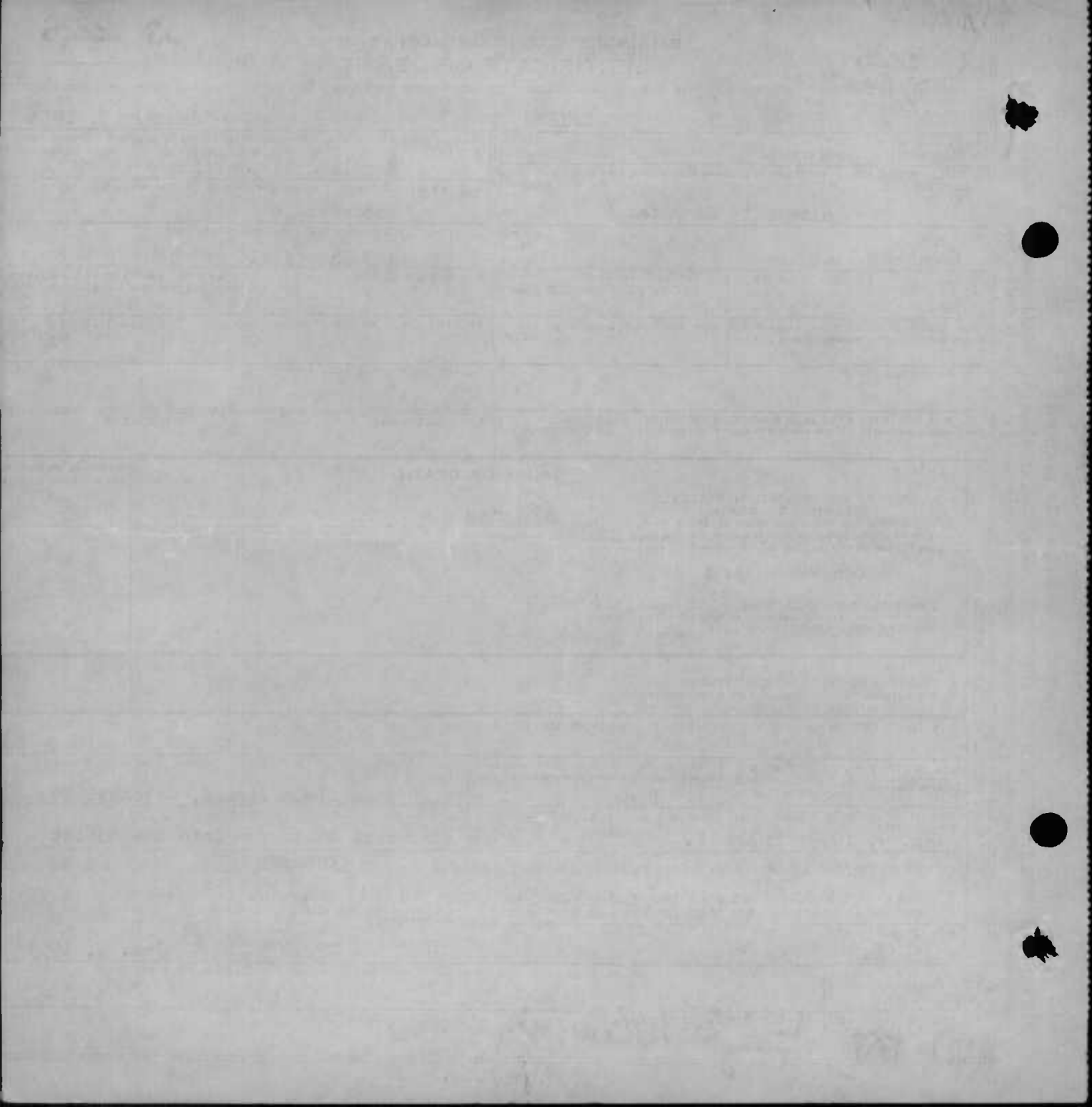
ADDRESS

MAR 1 1953

V S 151

N 990X

cremated at Monroe 1-26-53 at 2 PM.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2227
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nathan Lissy

2. DATE
OF
DEATH

2/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sindi Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-09

c. Length of stay in Baltimore

34 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3100 Wolcott Ave. # 16

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocery

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Aaron Lissy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Ethel Lissy - 3100 Wolcott Ave

18. 420.1 and 260x CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiovascular
disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

Pulmonary edema + Diabetes

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26-53, 1953, to 2-27-53, 1953, that I last saw the
deceased alive on 2-27-53, 1953, and that death occurred at 4:55 pm., from the causes and on the date stated above.

23A. SIGNATURE

Garnett Fleishman

M. D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

2-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/1/53

Beth Flinchburg

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

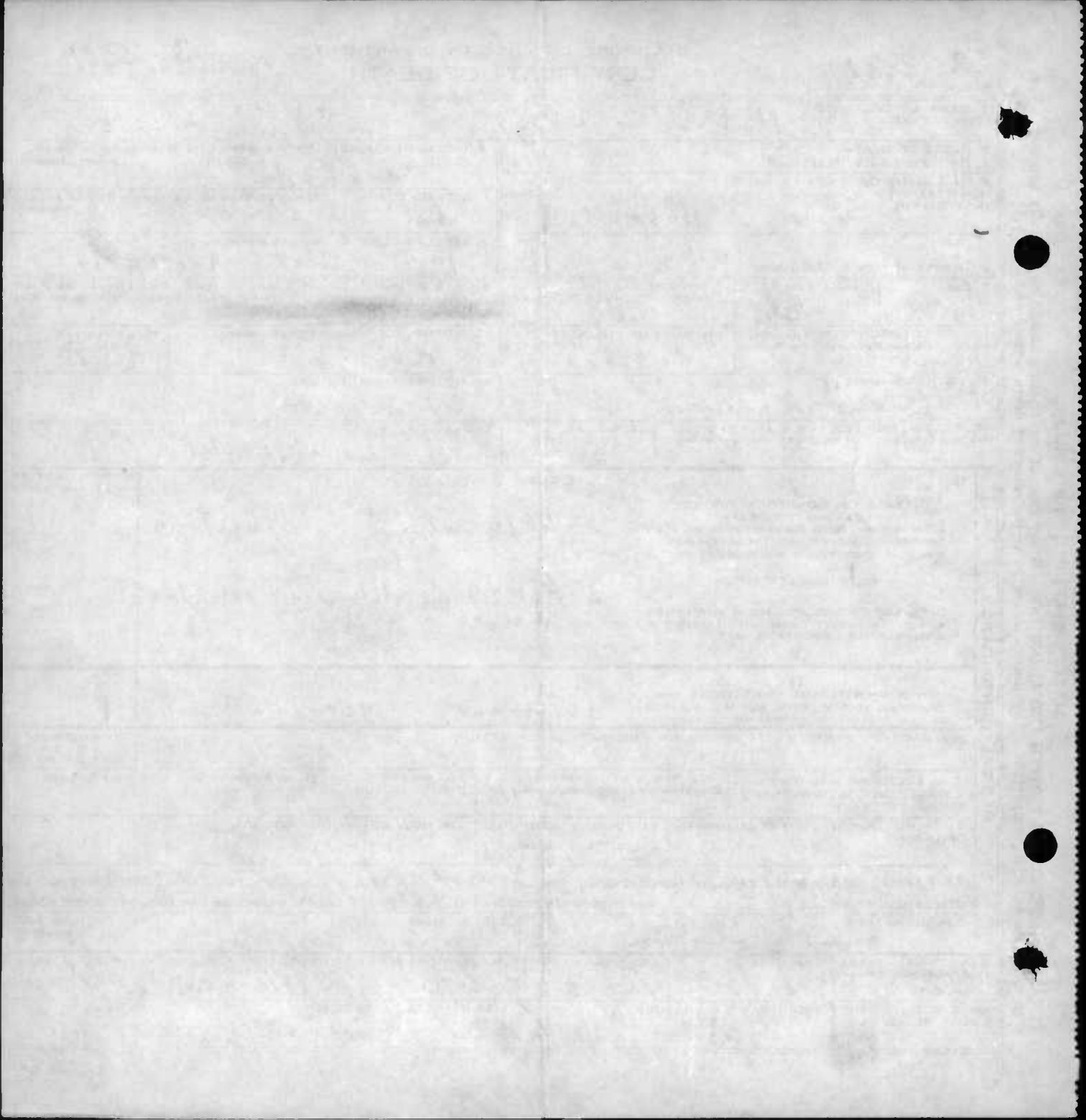
MAR 1 1953

VS 150

Huntington Williams

2602-1124-26W
North Ave.

2406A



53 2228

BALTIMORE CITY HEALTH DEPARTMENT

53 2228

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Addie Maria Rudd

2. DATE
OF
DEATH

2/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md Ba/ta

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONLutheran Hosp
Ba/ta

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1313 - 3rd Rd

5354

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/16/53 3 days

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Months Days

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Gilbert Rudd

14. MOTHER'S MAIDEN NAME

Nannie May Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother - Same

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

3 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from 2/16/53, 19, to 2/19/53, 19, that I last saw the deceased alive on 2/19/53, 19, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 24 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

53

2229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53

2229

Registered No.

BIRTH NO. 53-03532

1. NAME OF DECEASED
(Type or Print)

BRIAN THOMAS BLANKENSHIP

2. DATE
OF
DEATH

Feb. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

20-03

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

LUTHERAN HOSP. OF MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE - 23

D. STREET ADDRESS (If rural, give location)

1934 WILKENS AVE.

c. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 10, 1953

9. AGE (In years last birthday)

11 Under 1 Year
Months Days
7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE THOMAS BLANKENSHIP

14. MOTHER'S MAIDEN NAME

SHIRLEY BERGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

SAME

18.

751X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

INFECTION

DUE TO

ANTECEDENT CAUSES

(B)

MENINGOCOCCLE

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

SPINA BIFIDA

7 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Feb. 16, 1953, to Feb. 17, 1953, that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. PARAISO

M. D.

23B. ADDRESS

LUTHERAN HOSP. OF MD.

23C. DATE SIGNED

2-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 24 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MART 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2230

BIRTH NO. 53-03680

1. NAME OF DECEASED
(Type or Print)

BABY BOY PUROY

2. DATE
OF
DEATH

2/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) LUTHERAN HOSP. OF MARYLAND

BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 27-20

D. STREET ADDRESS (If rural, give location)

2411 TANEY Rd.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

B. DATE OF BIRTH

2/1/53

9. AGE (In years last birthday) Months Days

14 27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

INFANT

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LEONARD PUROY -

14. MOTHER'S MAIDEN NAME

HELEN GOLDMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MOTHER

18. 754.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

pericardial edema -

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Patent ductus arteriosus -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/1/53, 19, to 2/1, 1953, that I last saw the deceased alive on 9:30 PM, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

FEB 3, 1953

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

CERTIFICATE OF DEATH

MADE IN THE STATE OF NEW YORK

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA

Labowitz

2. DATE
OF
DEATH

FEB 28 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mtg 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-04

D. STREET ADDRESS (If rural, give location)

2344 Reisterstown Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 200.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 m.s.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-1953 to 2-28-1953 that I last saw the
deceased alive on 2-28-1953 and that death occurred at 6:37 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 1953

VS 150

Huntington Williams, M.D. 2100 Canton Rd

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

LABORATORY

REPORT OF ANALYSIS

DATE

ANALYST

DESCRIPTION OF SAMPLE

RESULTS

REMARKS

SIGNATURE

DATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Harry Gilbert</i>			2. DATE OF DEATH <i>1-28-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2305 St Paul St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Paul Convalescing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>2305 St. Paul Convalescent Home</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Sept. 6-1884</i>	9. AGE (in years, last birthday) <i>67</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>K</i>	11. BIRTHPLACE (State or foreign country) <i>U</i>		12. CITIZEN OF WHAT COUNTRY? <i>U</i>
13. FATHER'S NAME <i>N O</i>			14. MOTHER'S MAIDEN NAME <i>K</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>N</i>	17. INFORMANT <i>O</i>		
			ADDRESS		

18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>I</i> <i>carcinoma of lungs</i>	CAUSE OF DEATH <i>N</i> <i>carcinoma of lungs</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO <i>amputee both legs</i> (B) DUE TO <i>Buerger's Disease</i> (C) _____	<i>?</i> <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

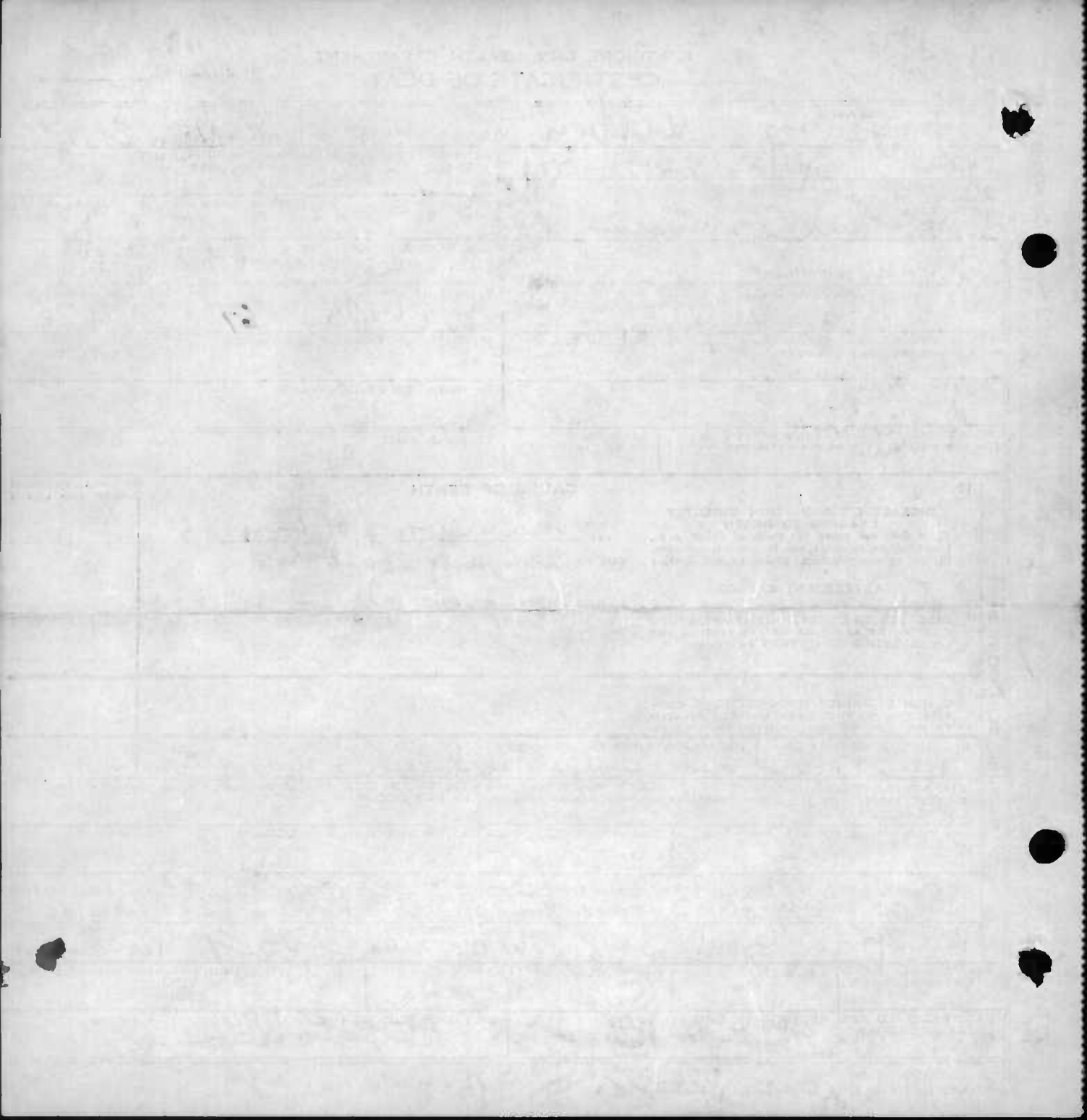
19A. DATE OF OPERATION <i>1946 & 1952</i>	19B. MAJOR FINDINGS OF OPERATION <i>legs amputated due to Buerger's</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Huur) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 28, 1953</i> , to <i>Jan 28, 1953</i> , that I last saw the deceased alive on <i>Jan. 28, 1953</i> , and that death occurred at <i>8:15 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Dr. J. P. Johnson</i>	23B. ADDRESS <i>403 Med Arts Bldg</i>	23C. DATE SIGNED <i>1-28-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 1 1953</i>		ADDRESS <i>Huntington Williams, M.D.</i>

VS 150
Institution case treated by Dr. E.E. Coase

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

WADDY

2. DATE
OF
DEATH

Jan. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

915 Argyle Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Cellulitis of the scrotum, perineum
and upper thighs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 26, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

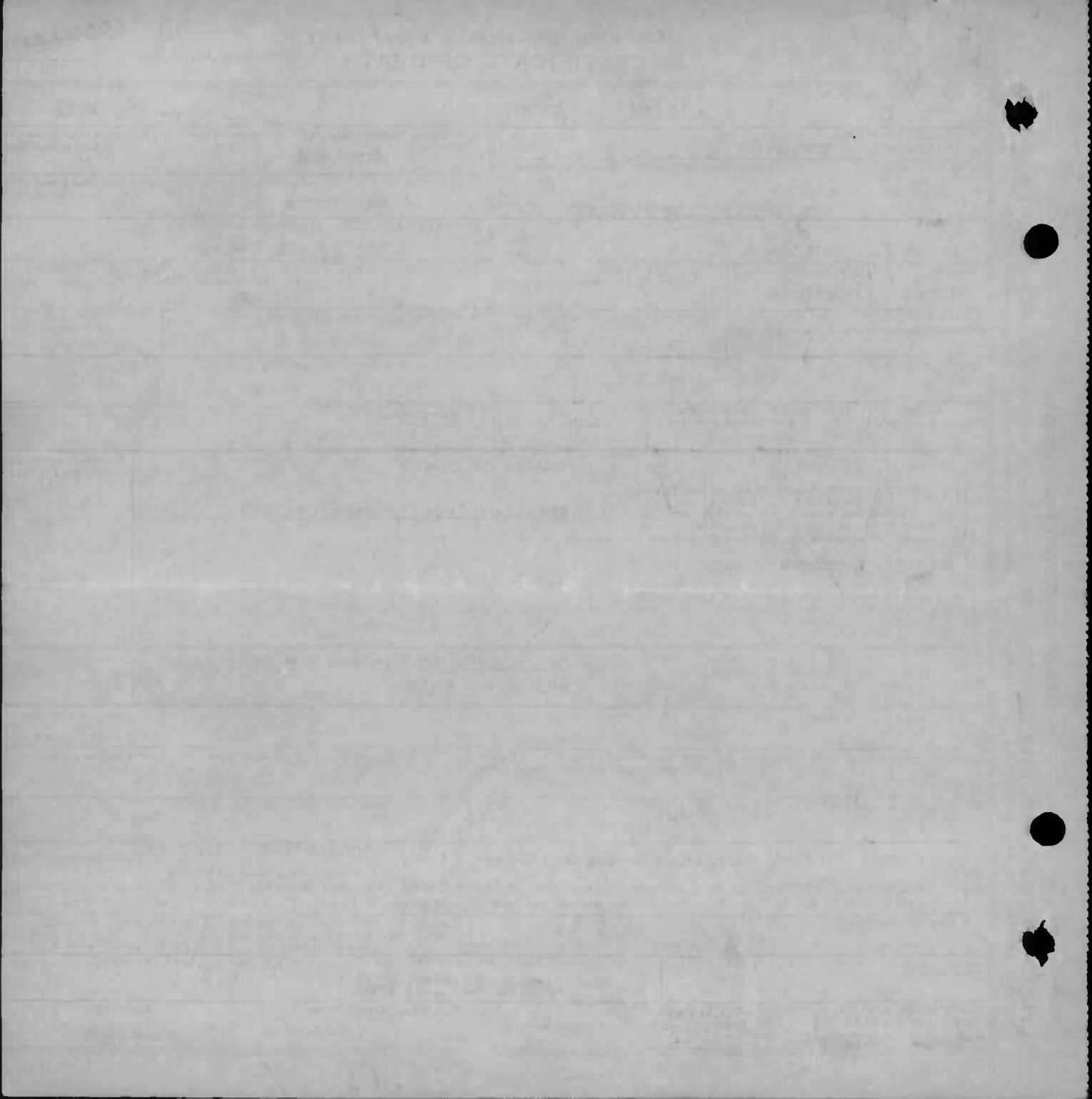
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MEMORY

GRIFFIN

2. DATE
OF
DEATH

January 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

214 E. Pratt St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 491x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Jan. 30, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

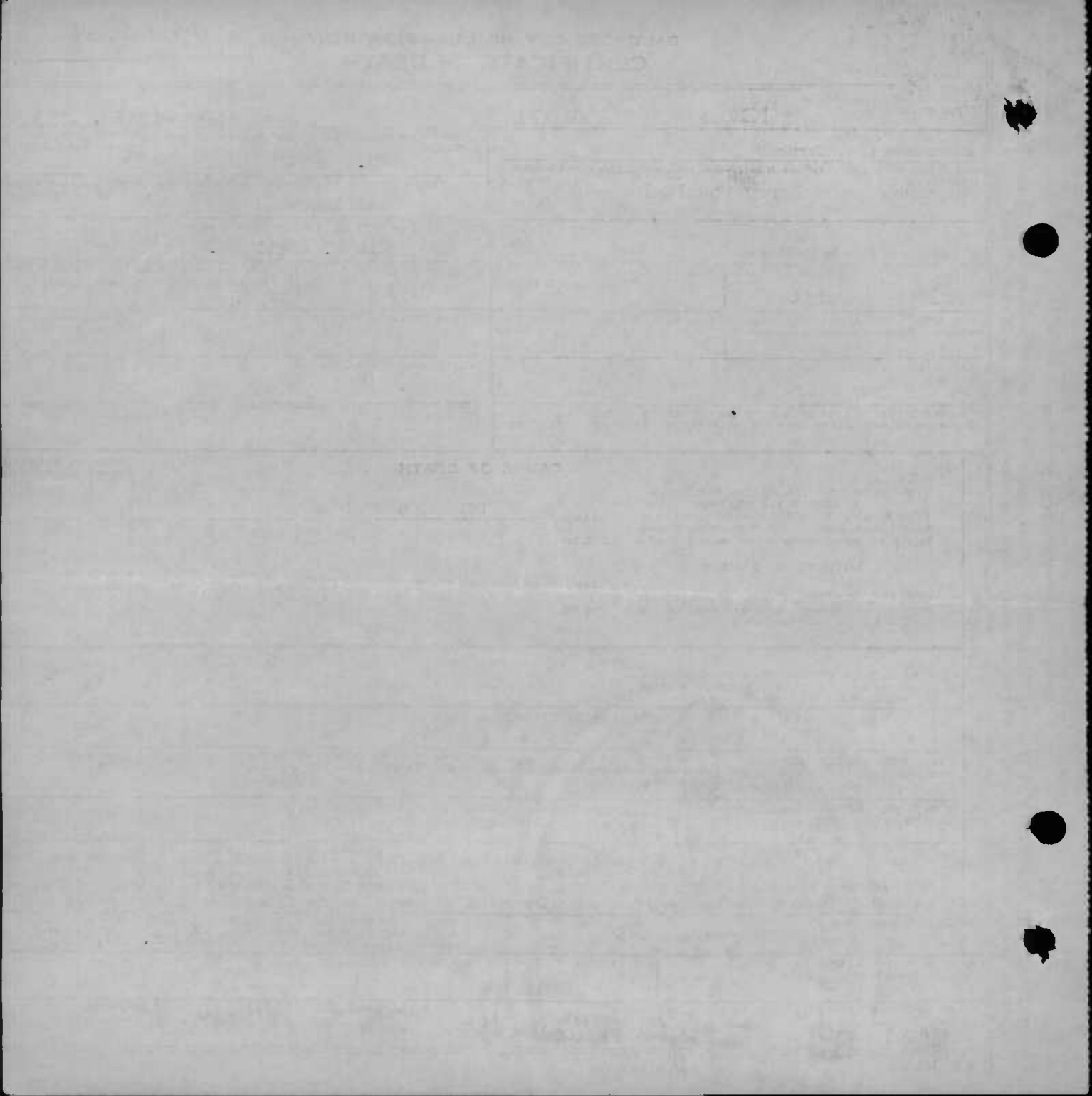
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

GALLIMORE

2. DATE
OF
DEATH

February 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

413 S. Spring Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

70

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

I

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

February 2, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

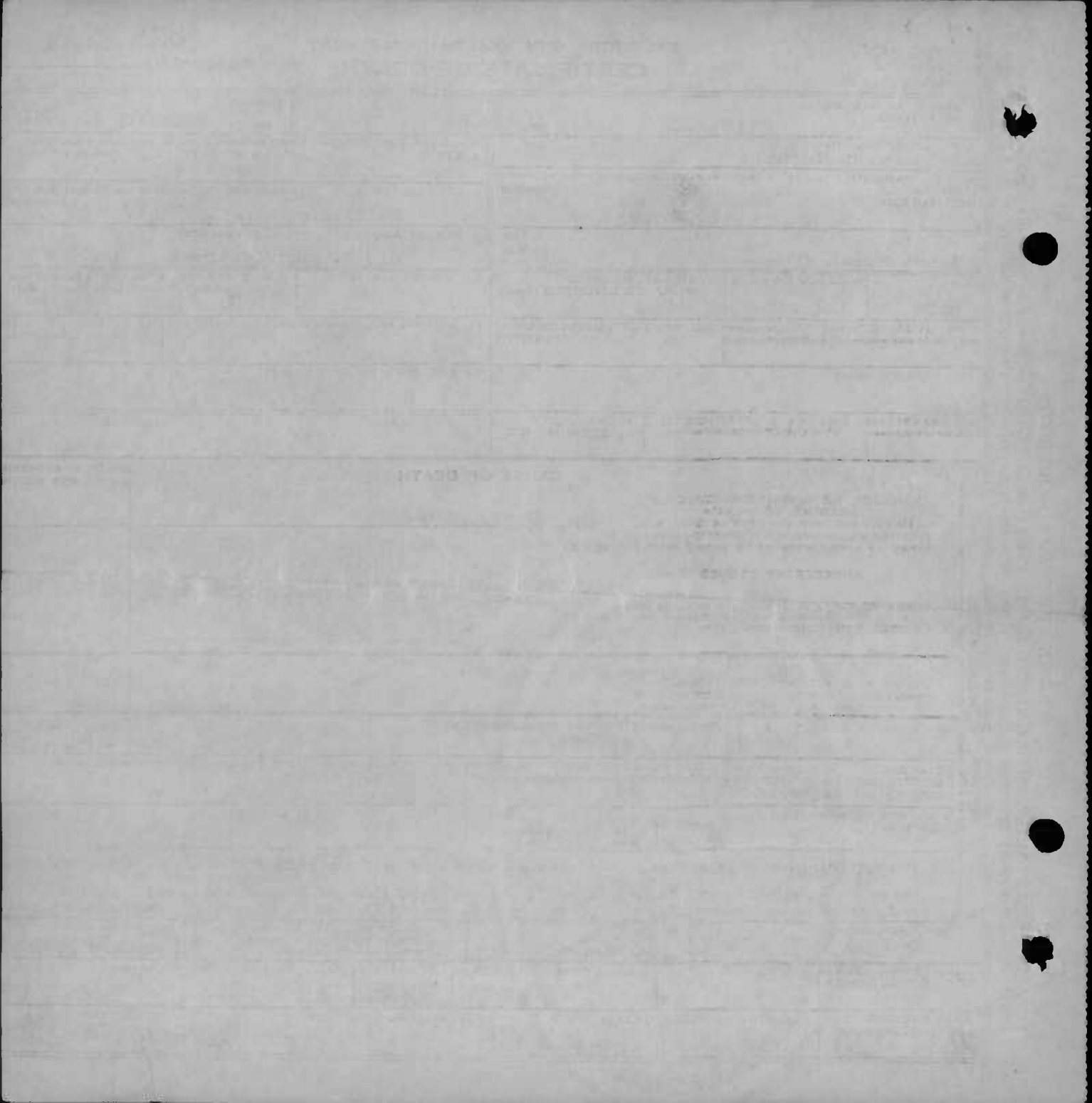
(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



E-520
MAR/ 102412
53 2236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2236
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vernon Ewing

2. DATE
OF
DEATH

2-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospital

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospital, 4940 Eastern Ave.

c. Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Nov. 15, 1891

9. AGE (In years last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Dock

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. RECORDS: Baltimore City Hospital
4940 Eastern Ave.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Prostate with generalized Metastasis

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27 1946, to 2-1 1953, that I last saw the deceased alive on 2-1 1953, and that death occurred at 9:40a m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Ave, Balto. Md.

23C. DATE SIGNED

2-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 10 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-7 62
53 2237BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2237

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

MC GREGOR

2. DATE
OF
DEATH

January 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-0.3

D. STREET ADDRESS (If rural, give location)

1235 Hollins Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

B. DATE OF BIRTH

U

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18.

581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Alcoholism

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fatty Infiltration and Cirrhosis of the

XXXX liver

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

ml.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
1/27/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL

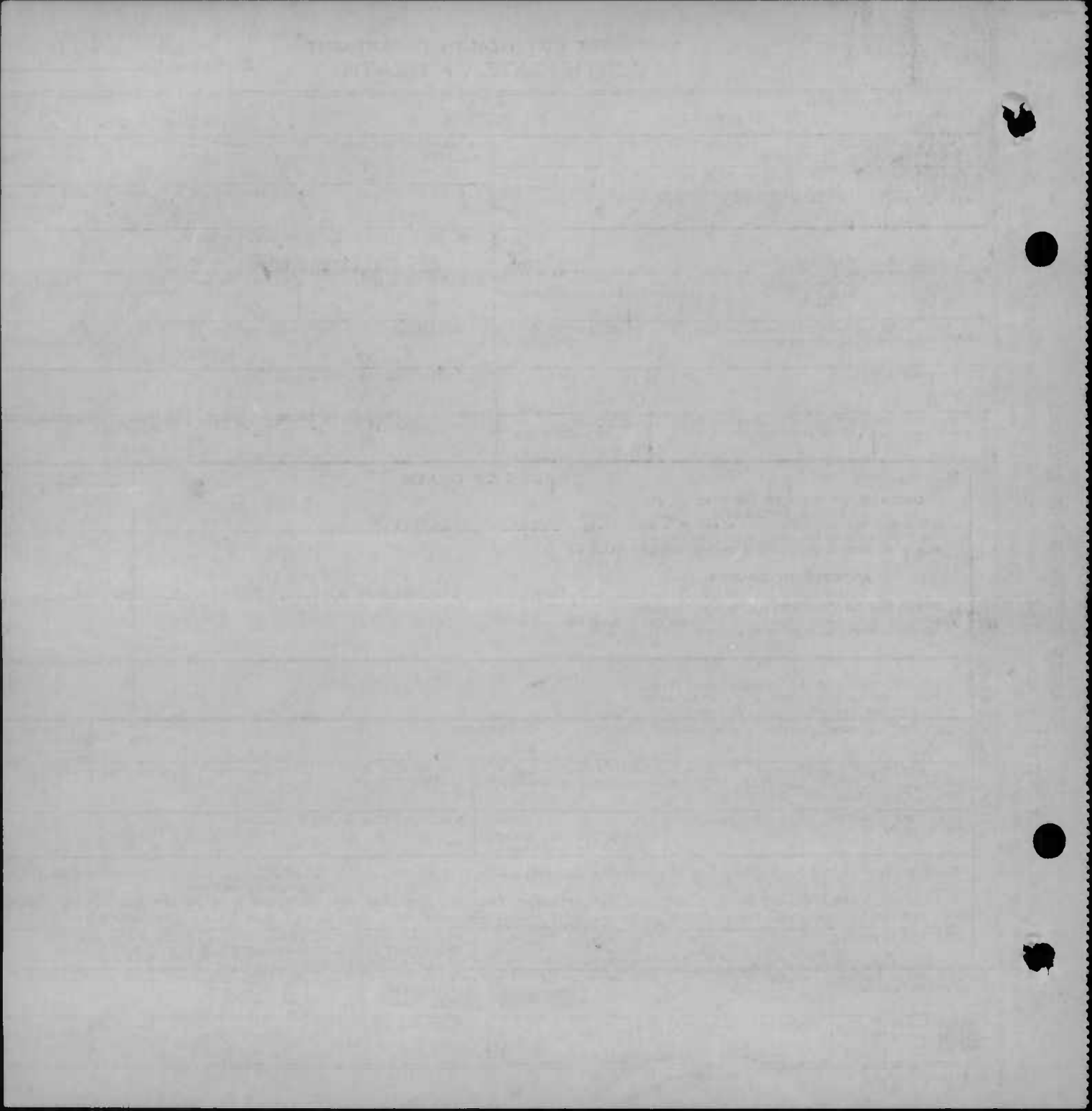
FEB 13 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2238

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JUDITH O. DOSTER

2. DATE
OF
DEATH

1/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

506 W. Fayette St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

N

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

MEDICAL CERTIFICATION

18. 490x and 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lobar pneumonia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.CHRONIC Alcoholism
CIRRHOSIS OF LiverINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

2-1-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

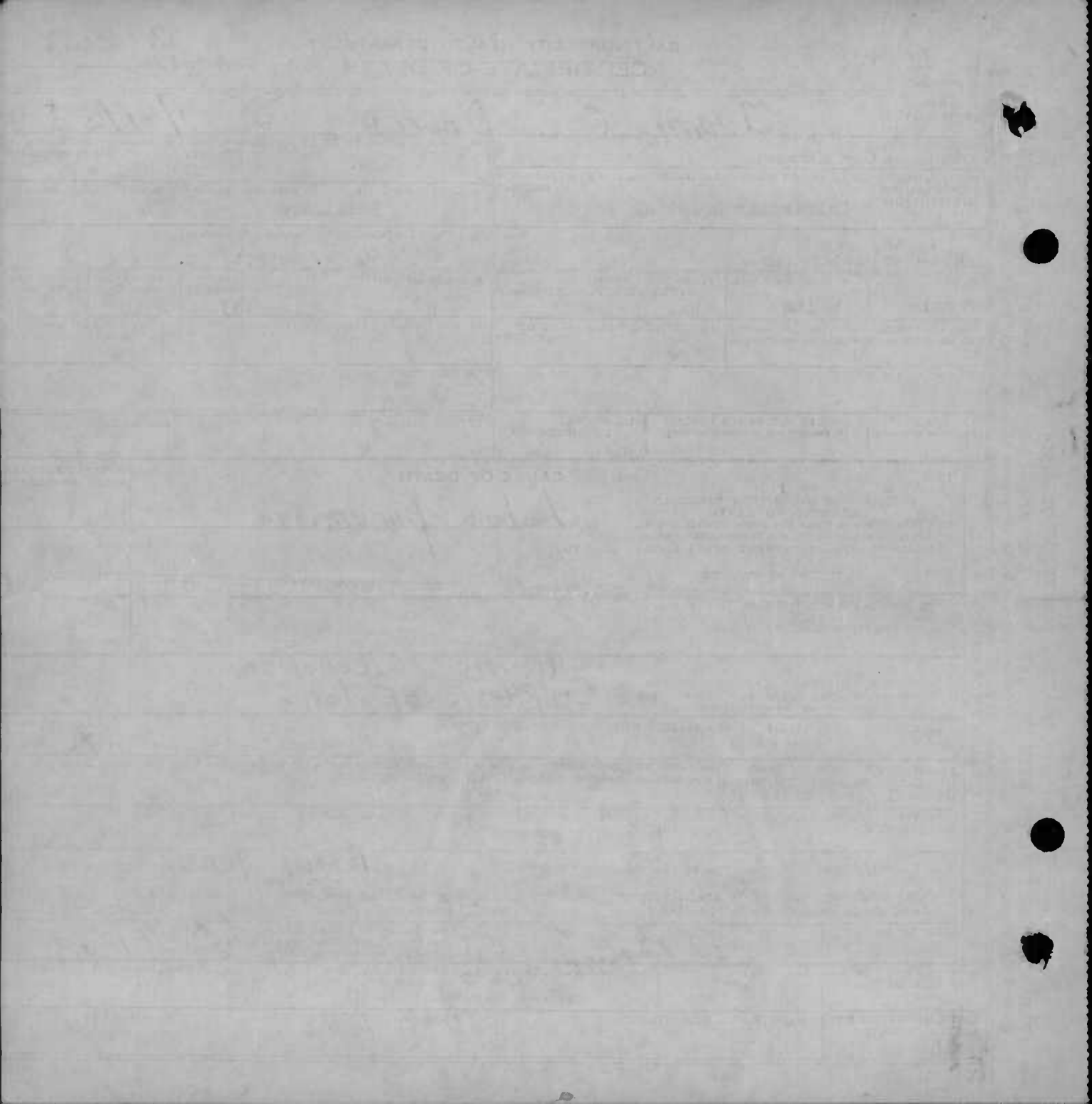
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

JOHN HOPKINS MEDICAL SCHOOL FEB 13 1953



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-612
53 22390 A

State Anatomical

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2239

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Graves

2. DATE
OF
DEATH

Feb. 12 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acc Room

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

7. STREET ADDRESS (If rural, give location)

1421 E. Fairmount Ave

8. Length of stay in Baltimore

Yrs.
Mos.
Days

9. SEX

10. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

11. Under 1 Year Months Days 12. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) pulmonary tuberculosis

4 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to 2/12, 1953, that I last saw the deceased alive on 2/04, 1953, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Johns

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/12/1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 20 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

VS 150

Med. & Case Released to hospital

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

10-1-1900

22 5/12

10-1-1900

10-1-1900

5-320
MAR / 167569BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2240
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Shotts

2. DATE
OF
DEATH Feb. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-04

D. STREET ADDRESS (If rural, give location)

2024 Fayette St.

c. Length of stay in Baltimore

45 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Sept. 17, 1902

9. AGE (In years
last birthday)

50

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 692.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicaemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cellulitis in Both Legs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7, 1953, to 2-8, 1953, that I last saw the
deceased alive on 2-8, 1953, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto, Md.

23C. DATE SIGNED

2-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 16 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 1953

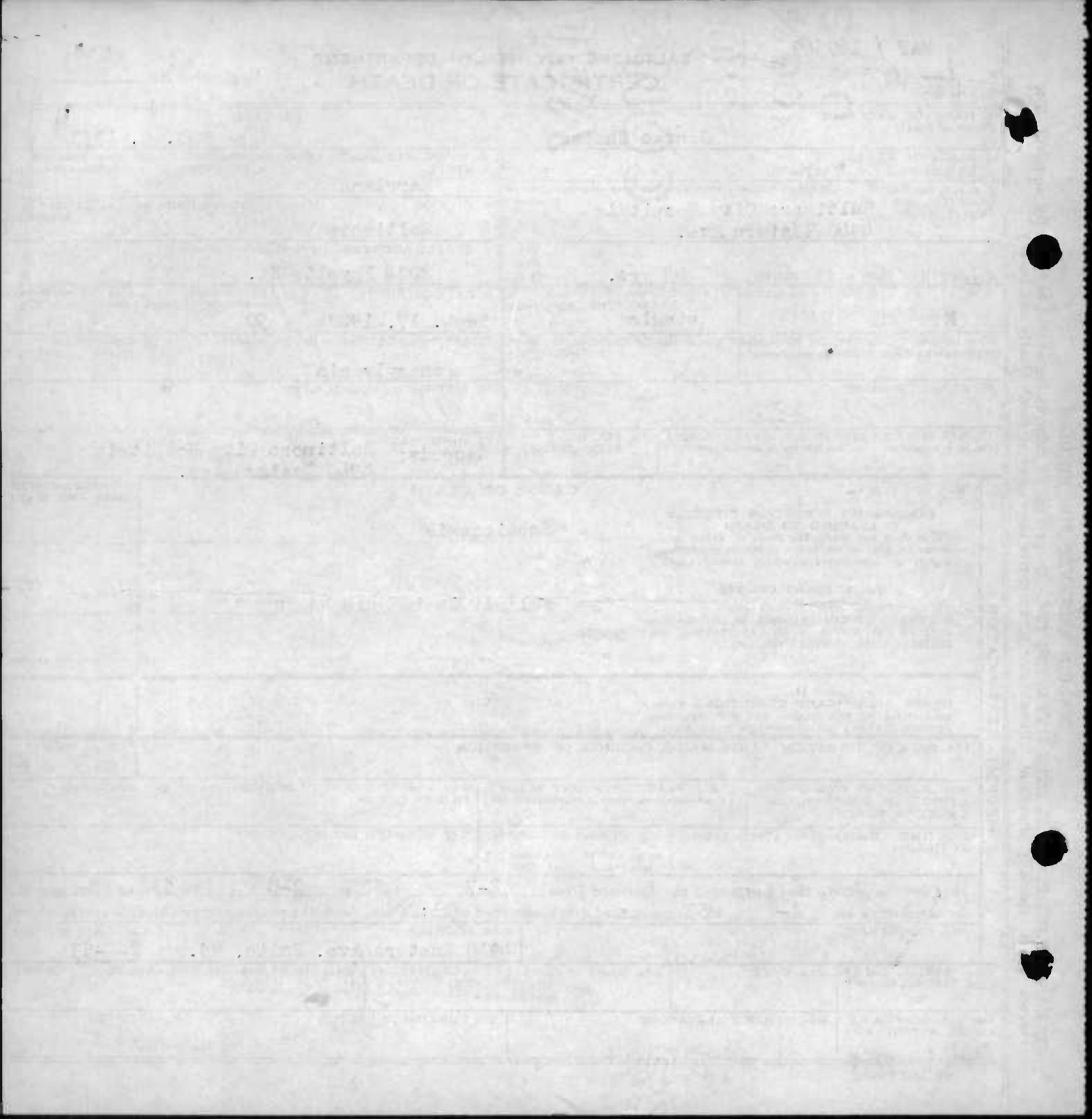
H. J. Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 2241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2241

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Lottie E. Harman		Feb. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
Lutheran Hospital			Md.		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
61-- Yrs. Mos. Days			Baltimore		
D. STREET ADDRESS (If rural, give location)			3042 Brighton St.,		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Married	Sept. 19, 1891	61	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
House-wife		--	Baltimore, Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Wm. George Horn			Sarah C. Disney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
no		none	Karl W. Harman 3042 Brighton St.,		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			(A) Cerebral Hemorrhage		2 hrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Hypertensive Cardiovascular disease		10 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 1, 1937, to Feb. 27, 1953, that I last saw the deceased alive on Feb. 27, 1953, and that death occurred at 8:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dorothy Robinson		2835 Gwynn Falls Pkwy		2/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	3-2-1953	Druid Ridge	Pikesville, Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS		
MAR 1 1953	Huntington Williams, M.D.		G. Howard Strong 3207 W. North Ave.,		

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Church

Signature of Family

Signature of Friends

Signature of Neighbors

Signature of Community

Signature of Society

Signature of Association

Signature of Club

Signature of League

Signature of Order

Signature of Guild

Signature of Chapter

Signature of Chapter

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2242
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH E. KELLY

2. DATE
OF
DEATH

Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

5205 Ethelbert Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

23

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Broom & Exercise Boy

10b. KIND OF BUSINESS OR
INDUSTRY

Race Track

11. BIRTHPLACE (State or foreign country)

Sheldon Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander A. Kelly

14. MOTHER'S MAIDEN NAME

Helen M. Kelley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

16. SOCIAL
SECURITY NO.

W. W. 11

17. INFORMANT

618-22-8757

18. ADDRESS

Marie R. Kelly 5205 Ethelbert Ave

18. E823.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CRANIO cerebral Injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Washington Boulevard, just north of

21d. TIME (Month) (Day) (Year) (Hour)

Feb. 27, 1953 7:00 A. M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto
which struck wall and then hit truck22. I certify that I took charge of the remains described above, held an autopsy thercon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 27, 195324A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

March 2/53

24C. NAME OF CEMETERY OR CREMATORY

Balti. National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

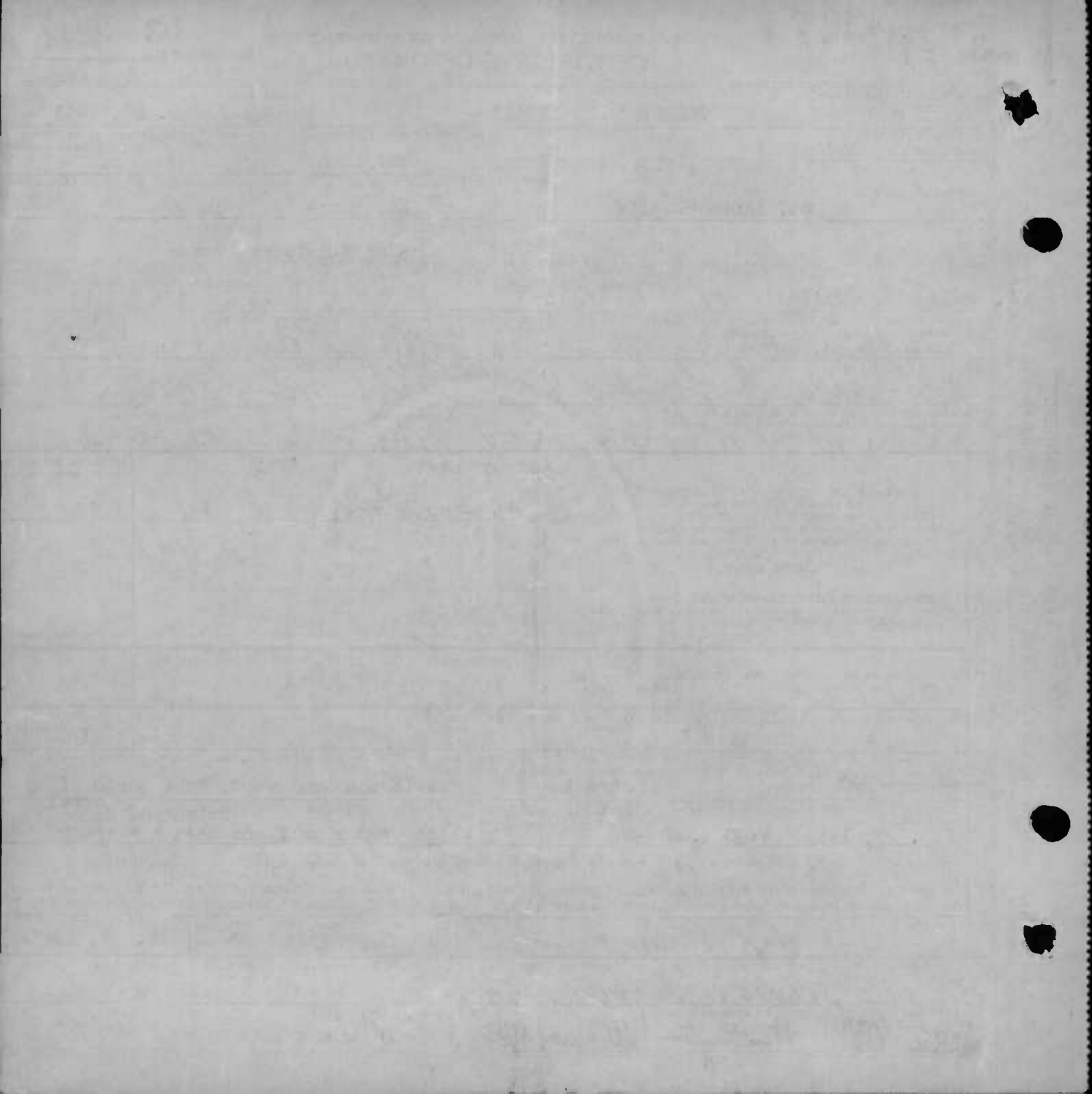
MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Spring Byers 5005 PK. Heights

25. FUNERAL DIRECTOR

5005 PK. Heights



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53-2243

53-2243
AB-168089

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary T. Mayo

2. DATE
OF
DEATH

Feb. 27-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1215 Eutaw Place

C. Length of stay in Baltimore

about - 10

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 20 1891

9. AGE (In years last birthday)

62

10. Under 1 Year Months: Days: Hours: Min.

61 - - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Librarian

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John P. T. Tyler

14. MOTHER'S MAIDEN NAME

Ida Rodrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

212-26-5427

17. INFORMANT ADDRESS

Baltimore City Hospitals
Records: 4940 Eastern Ave. + Mrs. [unclear] (daughter)

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Erysipelas due to Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pseudobulbar Palsy Multiple Cerebro-

DUE TO vascular Accidents

(C) Hypertensive Cardiovascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-23-, 1953 to 2-27-53, 1953, that I last saw the deceased alive on 2-27-, 1953, and that death occurred at 5.20 PM m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. [unclear]

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-27-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

Mar 2/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leisner & Son

ADDRESS

Baltimore Md.

VS 150

3908V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

• - J

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL WHALEN

2. DATE
OF
DEATH

Feb 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-05

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

907 Whelan Whetman

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-14-1904

9. AGE (In years last birthday)

52

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Marshall Smallwood

14. MOTHER'S MAIDEN NAME

Sarah J. Mahoney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

Mr. Richard Mahoney
912 Whitmore Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular accident

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26-53, to 2-27-53, that I last saw the deceased alive on 2-27-53, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ben C. Cadeleten

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

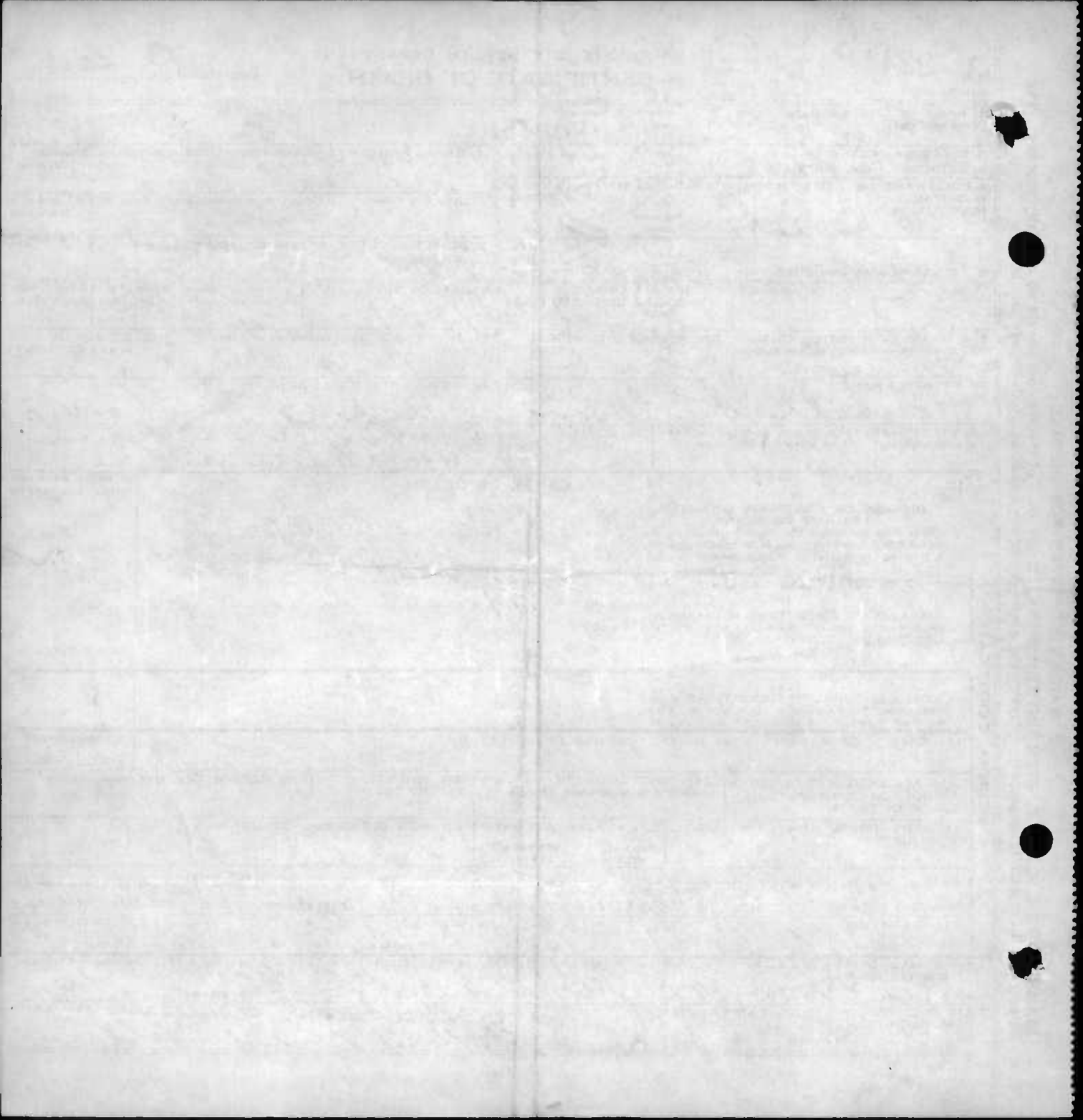
25. FUNERAL DIRECTOR

25B. ADDRESS

MAR 2 1953

Huntington Williams, M.D. 1631 Smil Hill Ave

VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and leg.

53 2245

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2245

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alberta Dean

2. DATE
OF
DEATH

Feb. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland/620 W. Lexington

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Md. Baptist Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-02

C. Length of stay in Baltimore

78 yrs.

D. STREET ADDRESS (If rural, give location)

1620 St. Lexington St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 26, 1874

9. AGE (In years last birthday)

78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Smallwood

14. MOTHER'S MAIDEN NAME

Jane Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Daniel Ridgely

18. 490x I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

Interval between onset and death

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/52, 19, to 2/16/53, 19, that I last saw the deceased alive on 2/16/53, 19, and that death occurred at 8:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

W. H. MacKuback

23B. ADDRESS

574 N. Carey St.

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Family Lot

24D. LOCATION (City, town, or county)

Chestertown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Annapolis Funeral Home

ADDRESS

1631 Daniel Hill Ave.

VS 150

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

REPORT OF SPECIAL AGENT IN CHARGE

TO THE DIRECTOR, FBI

FROM THE SAC, [illegible]

SUBJECT: [illegible]

DATE: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2246

53 2246

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY ROBERTSON EUBANK

2. DATE
OF
DEATH

Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5200

D. STREET ADDRESS (If rural, give location)

610 PLYMOUTH RD. - 29

c. Length of stay in Baltimore

28

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 15, 1906

9. AGE (In years
last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

THOMAS J. EUBANK (D)

14. MOTHER'S MAIDEN NAME

BETTYA. ROBERTSON (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

216-32-5513

17. INFORMANT

ADDRESS

MRS. LEONAT. EUBANK (WIFE) SAME

18. 193X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

GLIOMA, RT. FRONTAL LOBE

INTERVAL BETWEEN
ONSET AND DEATH

3 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 20, 1953

19B. MAJOR FINDINGS OF OPERATION

GLIOMA, RT. Frontal lobe

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/19 1953 to 2/27 1953, that I last saw the
deceased alive on 2/27 1953, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Waverly W. Wuzbacher

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 3 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

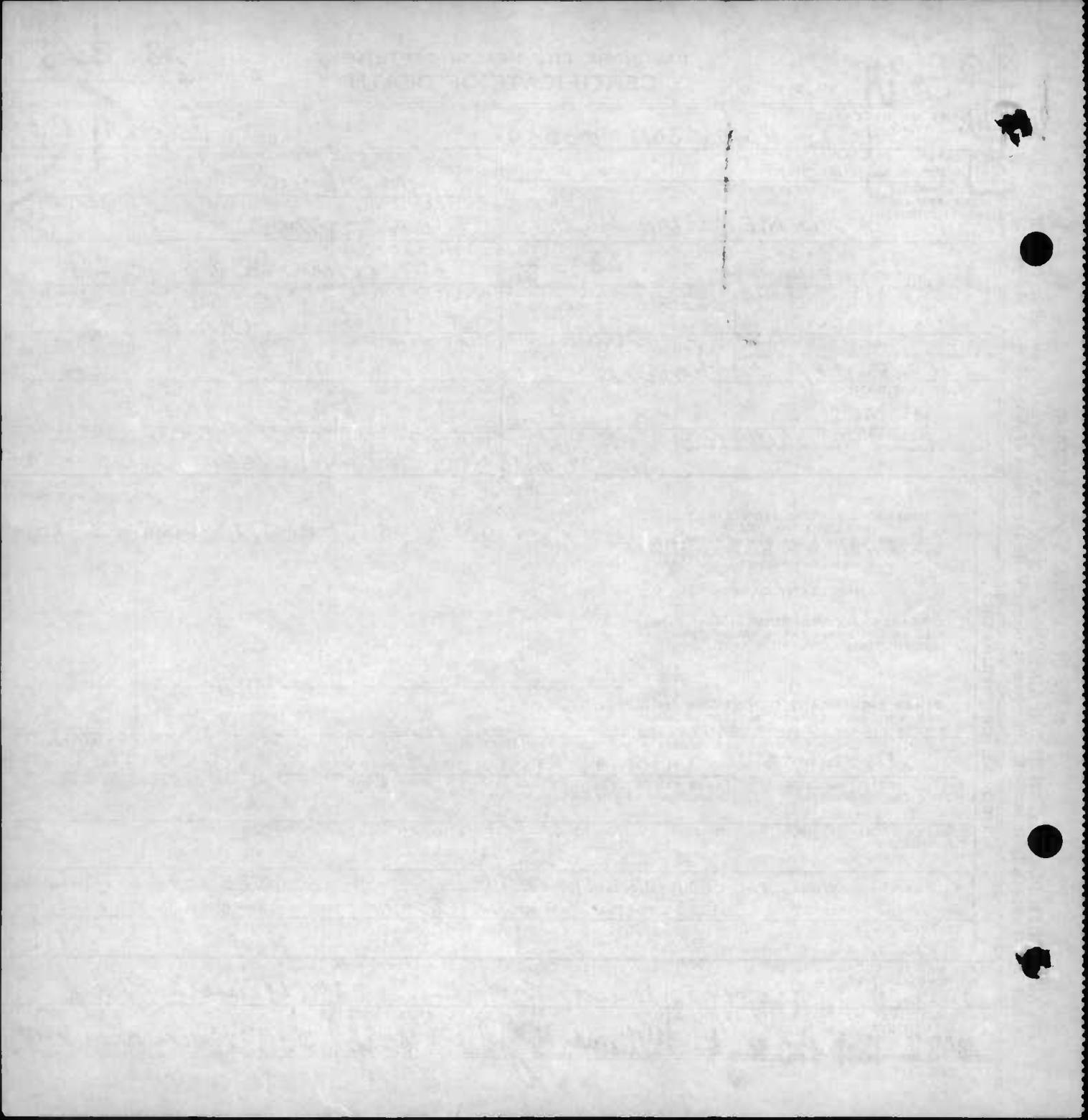
ADDRESS

MAR 2 1953

Huntington Williams, M.D. John F. Perifel 5311 Edmondson Ave

VS 150

4906A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2247

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vera Kolviisto

2. DATE
OF
DEATH

3/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex

D. STREET ADDRESS (If rural, give location)

5354

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

B. DATE OF BIRTH

3-7-1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

FINLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Herman - Lammi

14. MOTHER'S MAIDEN NAME

Hannah Lammi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

SV. Novitski 46 Fenway South Baltimore Md

ADDRESS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Diabetes mellitus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1 1953 to 3-1 1953, that I last saw the
deceased alive on 3-1 1953 and that death occurred at 8:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lester S. Nease

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

3-1-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3-3-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

Cleveland Ohio

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

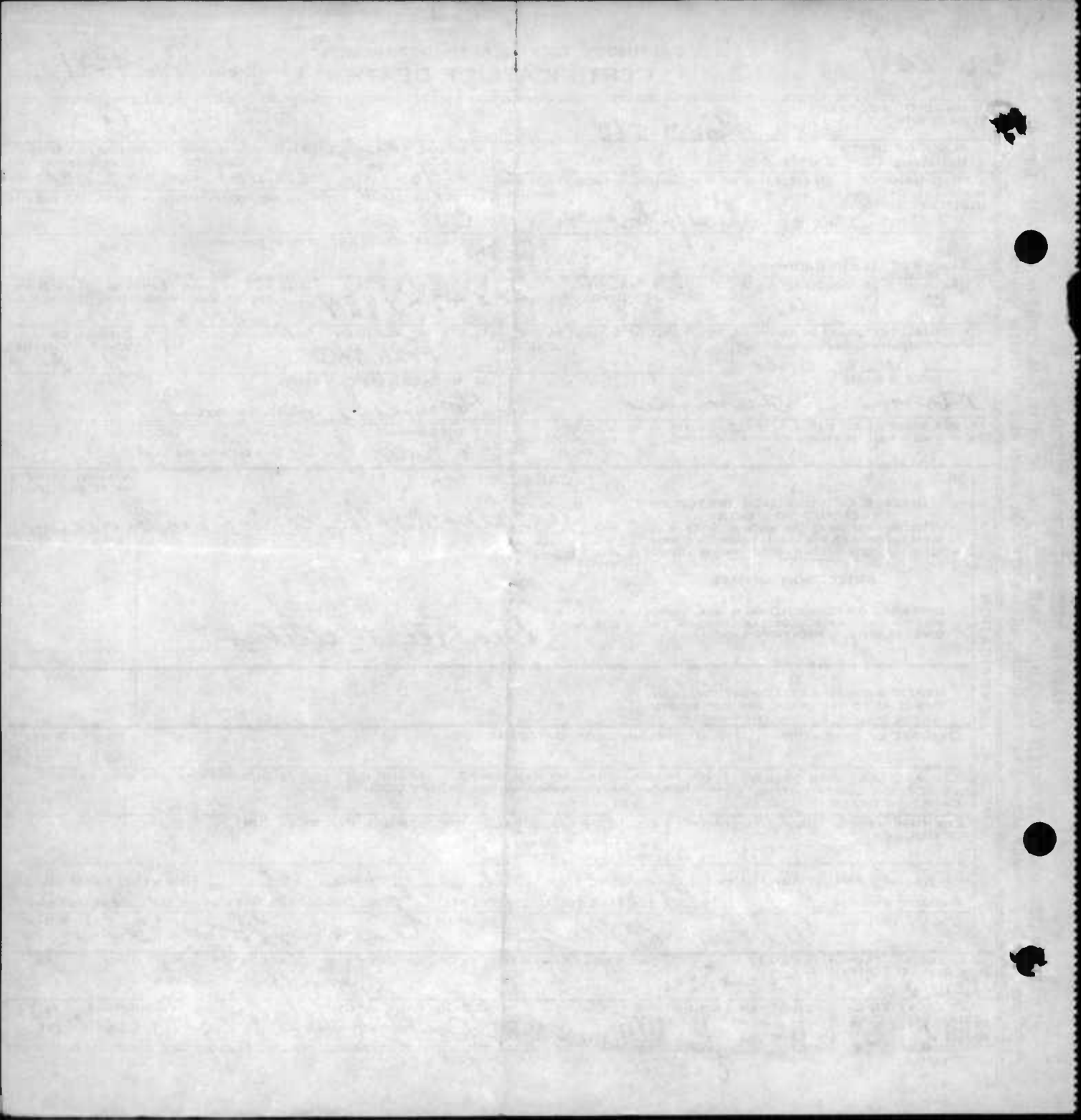
15. FUNERAL DIRECTOR

ADDRESS

MAR 2 1953

Huntington Williams, M.D. / Brydymire 1407 Eastern Ave Rd

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2248

53 2248

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Reinsfelder, Jerome

2. DATE
OF
DEATH

2/27/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp. Balt

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 3-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

259 Herring Court #31

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

1/6/37

9. AGE (in years last birthday)

16

H Under 1 Year
Months: Days:H Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Reinsfelder

14. MOTHER'S MAIDEN NAME

Veronica Frank

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Reinsfelder, 259 Herring Court

18. 057.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) meningococci meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Waterhouse-Friedrichsen

DUE TO

(C) Syndrome

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27/53 19, to 2/27/53 19, that I last saw the deceased alive on 2/27/53, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence Kramer

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Meredith Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Coca Inc. 1217 S. Paul St.

MAR 2 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-620

53 2249
BIRTH NO. 53-03392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2249

1. NAME OF DECEASED (Type or Print) <i>Ralph Ayers</i>			2. DATE OF DEATH <i>March 1, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ped. H R H 4W</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>12-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>428 E. 22 1/2 St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>1-30-'53</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Ralph Ayers</i>			14. MOTHER'S MAIDEN NAME <i>Amy</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>757.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>electrolyte disturbance</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>? renal anomaly</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-28-</i> , 19 <i>53</i> , to <i>2-28-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-28-</i> , 19 <i>53</i> , and that death occurred at <i>8:01</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Neil H. Lewis</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 4/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 1953</i>		25. FUNERAL DIRECTOR <i>Mr. G. E. Ellert & Daughter</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>1129 N. Caroline St</i>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2250

BIRTH NO. 53 2250

1. NAME OF DECEASED (Type or Print) Leon Wolski			2. DATE OF DEATH Feb, 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 306 S. Washington St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION At Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-31		
D. STREET ADDRESS (If rural, give location) 306 S. Washington Street			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan, 6th-1889	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder			10B. KIND OF BUSINESS OR INDUSTRY A. Weiskittel & Son, Co.		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Martin Wolski			14. MOTHER'S MAIDEN NAME Maryanna Zublewski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 215-01-5741		
17. INFORMANT Karoline Wolski			ADDRESS 306 S. Washington St		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute renal C. V. Decase & Hypertension DUE TO Chronic Nephrositis DUE TO Cerebral Hemorrhage DUE TO Inoperable Tumor					INTERVAL BETWEEN ONSET AND DEATH Mar 16/53 Mar 16/52 Feb 26/53 Feb 24/53
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Mar 16, 1953 , to Feb 28, 1953 , that I last saw the deceased alive on Feb 27, 1953 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE E. Schinark		M. D. 542 E. North Ave		23C. DATE SIGNED 2-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 4-1953		24C. NAME OF CEMETERY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave * Balto, Md.		25. FUNERAL DIRECTOR George A. Weber			
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 705 S. Penn St	

VS 150

6903E

DEPARTMENT OF HEALTH
STATE OF CALIFORNIA
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Health Officer		14. Signature of County Clerk		15. Signature of State Registrar	
16. Signature of State Health Officer		17. Signature of State Coroner		18. Signature of State Medical Examiner	
19. Signature of State Health Officer		20. Signature of State Coroner		21. Signature of State Medical Examiner	
22. Signature of State Health Officer		23. Signature of State Coroner		24. Signature of State Medical Examiner	
25. Signature of State Health Officer		26. Signature of State Coroner		27. Signature of State Medical Examiner	
28. Signature of State Health Officer		29. Signature of State Coroner		30. Signature of State Medical Examiner	
31. Signature of State Health Officer		32. Signature of State Coroner		33. Signature of State Medical Examiner	
34. Signature of State Health Officer		35. Signature of State Coroner		36. Signature of State Medical Examiner	
37. Signature of State Health Officer		38. Signature of State Coroner		39. Signature of State Medical Examiner	
40. Signature of State Health Officer		41. Signature of State Coroner		42. Signature of State Medical Examiner	
43. Signature of State Health Officer		44. Signature of State Coroner		45. Signature of State Medical Examiner	
46. Signature of State Health Officer		47. Signature of State Coroner		48. Signature of State Medical Examiner	
49. Signature of State Health Officer		50. Signature of State Coroner		51. Signature of State Medical Examiner	
52. Signature of State Health Officer		53. Signature of State Coroner		54. Signature of State Medical Examiner	
55. Signature of State Health Officer		56. Signature of State Coroner		57. Signature of State Medical Examiner	
58. Signature of State Health Officer		59. Signature of State Coroner		60. Signature of State Medical Examiner	
61. Signature of State Health Officer		62. Signature of State Coroner		63. Signature of State Medical Examiner	
64. Signature of State Health Officer		65. Signature of State Coroner		66. Signature of State Medical Examiner	
67. Signature of State Health Officer		68. Signature of State Coroner		69. Signature of State Medical Examiner	
70. Signature of State Health Officer		71. Signature of State Coroner		72. Signature of State Medical Examiner	
73. Signature of State Health Officer		74. Signature of State Coroner		75. Signature of State Medical Examiner	
76. Signature of State Health Officer		77. Signature of State Coroner		78. Signature of State Medical Examiner	
79. Signature of State Health Officer		80. Signature of State Coroner		81. Signature of State Medical Examiner	
82. Signature of State Health Officer		83. Signature of State Coroner		84. Signature of State Medical Examiner	
85. Signature of State Health Officer		86. Signature of State Coroner		87. Signature of State Medical Examiner	
88. Signature of State Health Officer		89. Signature of State Coroner		90. Signature of State Medical Examiner	
91. Signature of State Health Officer		92. Signature of State Coroner		93. Signature of State Medical Examiner	
94. Signature of State Health Officer		95. Signature of State Coroner		96. Signature of State Medical Examiner	
97. Signature of State Health Officer		98. Signature of State Coroner		99. Signature of State Medical Examiner	
100. Signature of State Health Officer		101. Signature of State Coroner		102. Signature of State Medical Examiner	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2251
Registered No. 53 2251

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA COHEN

2. DATE
OF
DEATH

3-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5504 Jougneville Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-19

C. Length of stay in Baltimore

45 Yrs.
Moor Days

D. STREET ADDRESS (If rural, give location)

5504 Jougneville Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Morris

Kaiser

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ladge Moraw - same

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma colon & glands

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

metastases

Hemiparesis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1952 0

19B. MAJOR FINDINGS OF OPERATION

Carcinoma colon & metastases

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1952 to 3-2, 1953, that I last saw the
deceased alive on 3-1-53, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

N. E. Keene M.D.

23B. ADDRESS

4215 - Park Heights

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-2-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1953 0

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis, Inc 2100 Outland Pl

Needle
4215 Park Hgts
Mo 8775 900
~~book~~
~~Printed~~

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

53 2252

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2252

Registered No.

BIRTH NO. 52-21685

1. NAME OF DECEASED (Type or Print)		BARBARA A. BOWMAN		2. DATE OF DEATH 2/27/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Timonium			
c. Length of stay in Baltimore 6 mos.		d. STREET ADDRESS (If rural, give location) Balto. Co. on York Rd.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 8/20/52	9. AGE (In years last birthday) 6 mos.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lewis Bowman		14. MOTHER'S MAIDEN NAME Emma Bahusari			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS Falken ✓	

18.	491X	I	CAUSE OF DEATH		INTERVAL BETWEEN
					ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <u>Lung and bronchial obstruction</u>	
	ANTECEDENT CAUSES			DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <u>Acute Bronchitis</u>		
			DUE TO		
			(C) <u>Possible Congenital Pulmonary Defect</u>		
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

MEDICAL	19A. DATE OF OPERATION 2/24/53		19B. MAJOR FINDINGS OF OPERATION Tracheotomy Performed		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> m. AT WORK		21F. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 2/23/53 , 19__, to 2/27/53 , 19__, that I last saw the deceased alive on 2/27/53 , 19__, and that death occurred at 9:55 Am. , from the causes and on the date stated above.						
	23A. SIGNATURE J. W. Holleneger		23B. ADDRESS University Hosp.		23C. DATE SIGNED		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE Mar. 2, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		24D. LOCATION (City, town, or county) (State) Texas, Balto. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John Barnes' Sons, Towson, Md.		ADDRESS	
VS 150							

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED ELIZABETH A. L. L. L.

RESIDENCE 1234 N. W. 10th St., Miami, Fla.

DATE OF DEATH 10/15/1968

TIME OF DEATH 10:15 AM

PLACE OF DEATH Home

CAUSE OF DEATH Heart Disease

MANNER OF DEATH Natural

DECEASED'S AGE 78

DECEASED'S SEX Female

DECEASED'S RACE White

DECEASED'S BIRTH DATE 10/15/1890

DECEASED'S BIRTH PLACE St. Louis, Mo.

DECEASED'S BIRTH NAME Elizabeth A. L. L.

DECEASED'S MARRIAGE DATE 1915

DECEASED'S MARRIAGE PLACE St. Louis, Mo.

DECEASED'S MARRIAGE NAME Elizabeth A. L. L.

DECEASED'S DEATH DATE 10/15/1968

DECEASED'S DEATH PLACE Home

DECEASED'S DEATH TIME 10:15 AM

DECEASED'S DEATH CAUSE Heart Disease

DECEASED'S DEATH MANNER Natural

DECEASED'S DEATH RACE White

DECEASED'S DEATH SEX Female

DECEASED'S DEATH AGE 78

DECEASED'S DEATH BIRTH DATE 10/15/1890

DECEASED'S DEATH BIRTH PLACE St. Louis, Mo.

DECEASED'S DEATH BIRTH NAME Elizabeth A. L. L.

DECEASED'S DEATH MARRIAGE DATE 1915

DECEASED'S DEATH MARRIAGE PLACE St. Louis, Mo.

DECEASED'S DEATH MARRIAGE NAME Elizabeth A. L. L.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOLA B.

~~LOLA~~ RUPPERT

2. DATE
OF
DEATH

3-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MD. GEN. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

14-01

D. STREET ADDRESS (If rural, give location)

1515 JOHN ST. #17

c. Length of stay in Baltimore

38

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED

M

8. DATE OF BIRTH

7/20/888

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WM. J. COLEBURN

14. MOTHER'S MAIDEN NAME

CORDIE LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ALBERT RUPPERT

SAME

18. 260x and E953.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HYPOGLYCEMIA DUE TO INSULIN OVERDOSAGE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DIABETES MELLITUS 25 YRS

DUE TO

CERTIFICATION APPROVED BY

BY

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

William J. Denny, Jr.
CHIEF OR ASST. MEDICAL EXAMINER.

M. D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Home

1515 John St #17

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2-28-52-3-1-53.

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Accidentally gave self overdose insulin

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 3-1, 1953 and that death occurred at 3 A m., from the causes and on the date stated above.

23A. SIGNATURE

W. Duckworth

M. D.

23B. ADDRESS

MD. Gen. Hosp.

23C. DATE SIGNED

3-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

3/3/53

BALTO, NATIONAL CEM.

BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 1953

Huntington Williams, M.D.

JOHN F. DENNY, INC.

715 LIGHT ST, BALTO, MD.

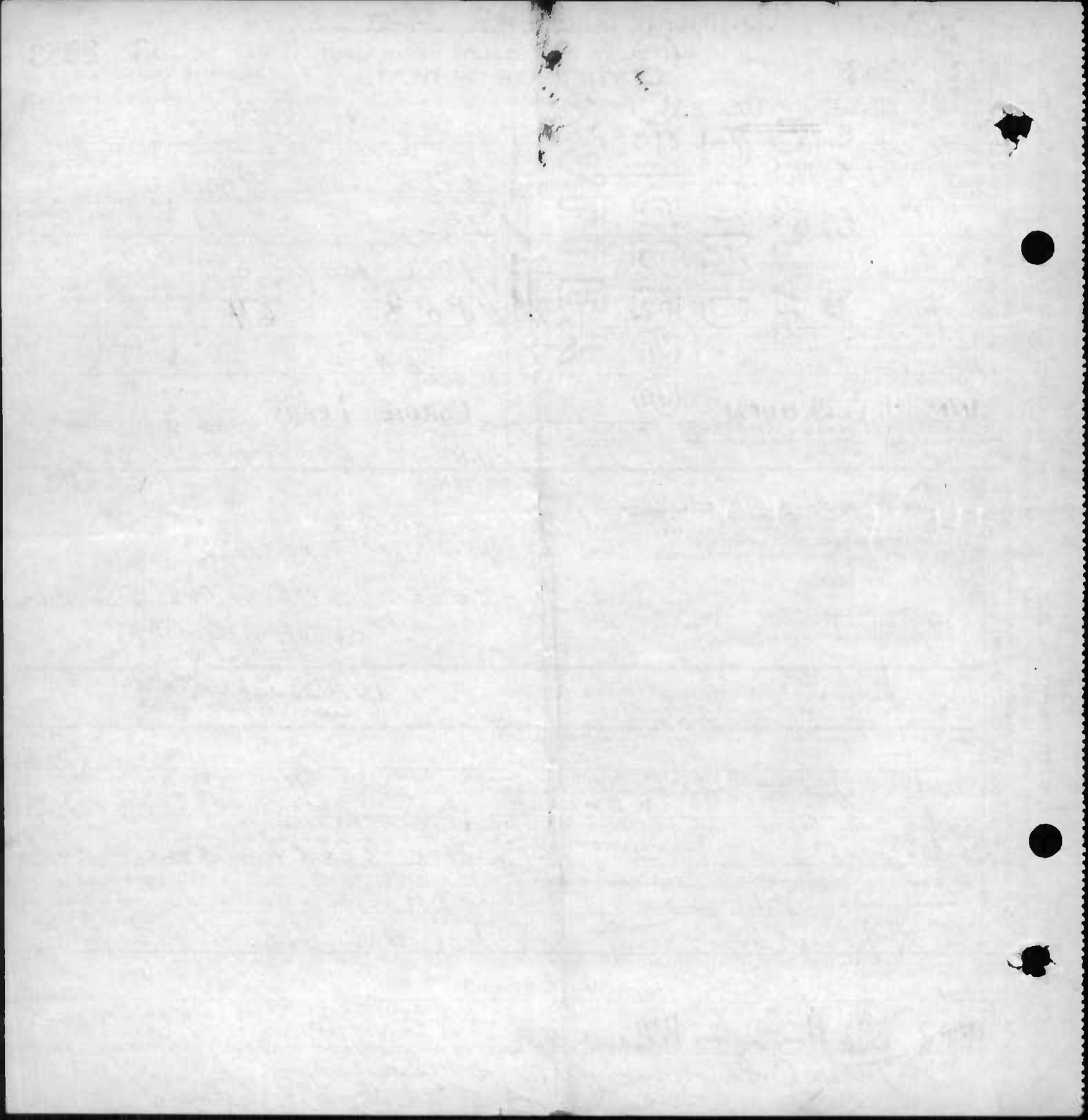
VS 150

Med. Exam. notified & released body.

N999.1 Death certificate requested by med. Exam.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

SOUTH BALTIMORE GENERAL HOSPITAL

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CRANE OPERATOR

10B. KIND OF BUSINESS OR

INDUSTRY

LUMBER YARD

13. FATHER'S NAME

JOHN V. BELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

217-14-5014

8. DATE OF BIRTH

DEC. 21, 1906

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

DORCHESTER, CO. MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

ROBERTA

17. INFORMANT WIFE

LILLIAN K. BELL

ADDRESS

234 E. CROSS ST.

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

ACUTE ANTERIOR CORONARY ARTERY

(A) OCCLUSION WITH EXTENSIVE MYO-CARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Feb. 8 to

Feb. 28, 1953

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1953, to Feb. 28, 1953, that I last saw the deceased alive on Feb. 28, 1953, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Baltimore Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-4-1953

24C. NAME OF CEMETERY or CREMATORY

GREEN LAWN

24D. LOCATION (City, town, or county)

DORCHESTER CO.

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

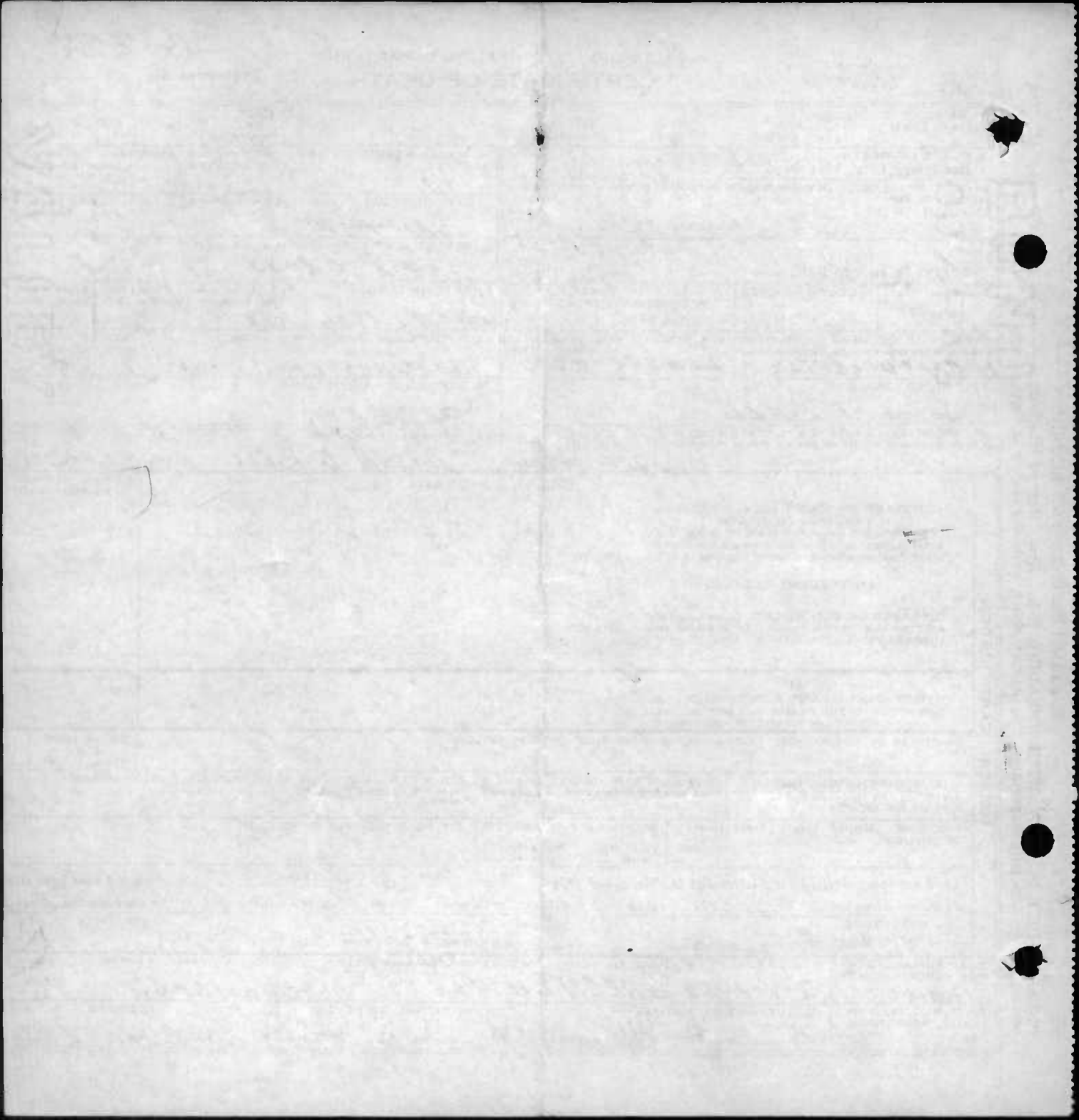
James L. McCully

ADDRESS

130 E. FORT AVE

VS 150

5136P



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-200

53 2355

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2355

1. NAME OF DECEASED (Type or Print) <i>MRS. AVA COX</i>			2. DATE OF DEATH <i>2/27/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1831 W. Fayette St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 20-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1831 W. Fayette</i>		
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10-31-1874</i>		9. AGE (In years last birthday) <i>78</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>N.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>HENRY COX</i>			14. MOTHER'S MAIDEN NAME <i>PENNIE?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>NIKA B. WHITFIELD</i> ADDRESS <i>1221 N. CENTRAL</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>UREMIA</i> DUE TO (B) <i>Hypertensive Cardio-Vascular Disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/26</i> , 1953, to <i>2/27</i> , 1953, that I last saw the deceased alive on <i>2/26</i> , 1953, and that death occurred at <i>8:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Preston Grant</i>		23B. ADDRESS <i>2220 W. H. Ave</i>		23C. DATE SIGNED <i>2/27/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>3-2-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>AYDEN, N.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 2 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Joseph B. Lock, Jr</i>	
				ADDRESS <i>1304 N. Central Ave</i>	

RECEIVED JAN 12 1964
U.S. AIR FORCE

RECEIVED
JAN 12 1964
U.S. AIR FORCE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2256
Registered No. _____

CG-164959
53 2256
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) J. Raymond France			2. DATE OF DEATH Feb. 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave.,			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 403 E. Lafayette Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 30, 1890		9. AGE (In years last birthday) 62 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.		10B. KIND OF BUSINESS OR INDUSTRY See	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Samuel M France			14. MOTHER'S MAIDEN NAME Lynn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern, Ave.,		

18. 144X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Ca. of Left Palate & Metastases DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____				CAUSE OF DEATH Ca. of Left Palate & Metastases		INTERVAL BETWEEN ONSET AND DEATH _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____							
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-14 , 19 52 , to 2-28 , 19 53 , that I last saw the deceased alive on 2-28 , 19 53 , and that death occurred at 7 P m. , from the causes and on the date stated above.							
23A. SIGNATURE H. J. Jones, M.D.		23B. ADDRESS Balto. Md. 4940 Eastern, Ave.,		23C. DATE SIGNED 2-28-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/3/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) North Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Paul E. Chenoweth Jr. ADDRESS 3615-17 Chestnut Ave.			

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Burial Officer	
16. Signature of Undertaker		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Burial Date	
21. Signature of Burial Time		22. Signature of Burial Location		23. Signature of Burial Direction		24. Signature of Burial Orientation		25. Signature of Burial Orientation	
26. Signature of Burial Orientation		27. Signature of Burial Orientation		28. Signature of Burial Orientation		29. Signature of Burial Orientation		30. Signature of Burial Orientation	
31. Signature of Burial Orientation		32. Signature of Burial Orientation		33. Signature of Burial Orientation		34. Signature of Burial Orientation		35. Signature of Burial Orientation	
36. Signature of Burial Orientation		37. Signature of Burial Orientation		38. Signature of Burial Orientation		39. Signature of Burial Orientation		40. Signature of Burial Orientation	
41. Signature of Burial Orientation		42. Signature of Burial Orientation		43. Signature of Burial Orientation		44. Signature of Burial Orientation		45. Signature of Burial Orientation	
46. Signature of Burial Orientation		47. Signature of Burial Orientation		48. Signature of Burial Orientation		49. Signature of Burial Orientation		50. Signature of Burial Orientation	
51. Signature of Burial Orientation		52. Signature of Burial Orientation		53. Signature of Burial Orientation		54. Signature of Burial Orientation		55. Signature of Burial Orientation	
56. Signature of Burial Orientation		57. Signature of Burial Orientation		58. Signature of Burial Orientation		59. Signature of Burial Orientation		60. Signature of Burial Orientation	
61. Signature of Burial Orientation		62. Signature of Burial Orientation		63. Signature of Burial Orientation		64. Signature of Burial Orientation		65. Signature of Burial Orientation	
66. Signature of Burial Orientation		67. Signature of Burial Orientation		68. Signature of Burial Orientation		69. Signature of Burial Orientation		70. Signature of Burial Orientation	
71. Signature of Burial Orientation		72. Signature of Burial Orientation		73. Signature of Burial Orientation		74. Signature of Burial Orientation		75. Signature of Burial Orientation	
76. Signature of Burial Orientation		77. Signature of Burial Orientation		78. Signature of Burial Orientation		79. Signature of Burial Orientation		80. Signature of Burial Orientation	
81. Signature of Burial Orientation		82. Signature of Burial Orientation		83. Signature of Burial Orientation		84. Signature of Burial Orientation		85. Signature of Burial Orientation	
86. Signature of Burial Orientation		87. Signature of Burial Orientation		88. Signature of Burial Orientation		89. Signature of Burial Orientation		90. Signature of Burial Orientation	
91. Signature of Burial Orientation		92. Signature of Burial Orientation		93. Signature of Burial Orientation		94. Signature of Burial Orientation		95. Signature of Burial Orientation	
96. Signature of Burial Orientation		97. Signature of Burial Orientation		98. Signature of Burial Orientation		99. Signature of Burial Orientation		100. Signature of Burial Orientation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2257
53-01028

53 2257

1. NAME OF DECEASED (Type or Print)		LUCINDA NEWMAN		2. DATE OF DEATH 2/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 6 weeks				D. STREET ADDRESS (If rural, give location) 2217 Brookfield Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH January 16, 1953		9. AGE (In years last birthday) 6 wks.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Luthern Hospital, Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl W. Newman			14. MOTHER'S MAIDEN NAME Maryland Wanda Jean Trenum		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Edward Newman (uncle) 2217 Brookfield Ave	
18. 525X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitital pneumonitis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 2/27/53	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24B. DATE March 2, 1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		24E. FUNERAL DIRECTOR Earl B. Wolverton Funeral Home, Inc		24F. ADDRESS 403 - E. 25th Street, Baltimore-18, Md	

ON 1912

ON 1912

ON

ON

ON 1912

ON 1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2258

53 2258
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEF JAKUBOWSKI *JOSEPH JAKUBOWSKI*

2. DATE
OF
DEATH

2/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-03

C. Length of stay in Baltimore

63

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3647 Chesterfield Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

3/9/70

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days

11

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED-CANNING

10B. KIND OF BUSINESS OR INDUSTRY

CANNING

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAKUBOWSKI

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

JOHN JAKUBOWSKI 2832 HUDSON ST

18.

177X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *Carcinomatous*

3-6 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma of the prostate*

Approx 8mo

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Pneumonitis
Fracture of humerus right*

*5 days
18 days*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2/9* 19 *53* to *2/27*, 1953, that I last saw the deceased alive on *2/27*, 19 *53* and that death occurred at *8:00* m., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Packard

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR 3/1953

24C. NAME OF CEMETERY OR CREMATORY

STANISLAUS CEM.

24D. LOCATION (City, town, or county) (State)

DUNDALK AVE MD

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

STEPHEN J. FIAKOWSKI INC

ADDRESS

Marie Fialkowsky 1000 S. KENWOOD AVE

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE
B. W. Fisher
CHIEF CL. ASST. MEDICAL EXAMINER M.D.

53 2259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2259

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE

TIBBS

2. DATE
OF
DEATH

2-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Balto. City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

915 Madison Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

?? 1912

9. AGE (In years
last birthday)

40

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Vernon ?

14. MOTHER'S MAIDEN NAME

Rose Brenaman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Tibbs - 915 Madison Ave.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Focal Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
March 2, 1953

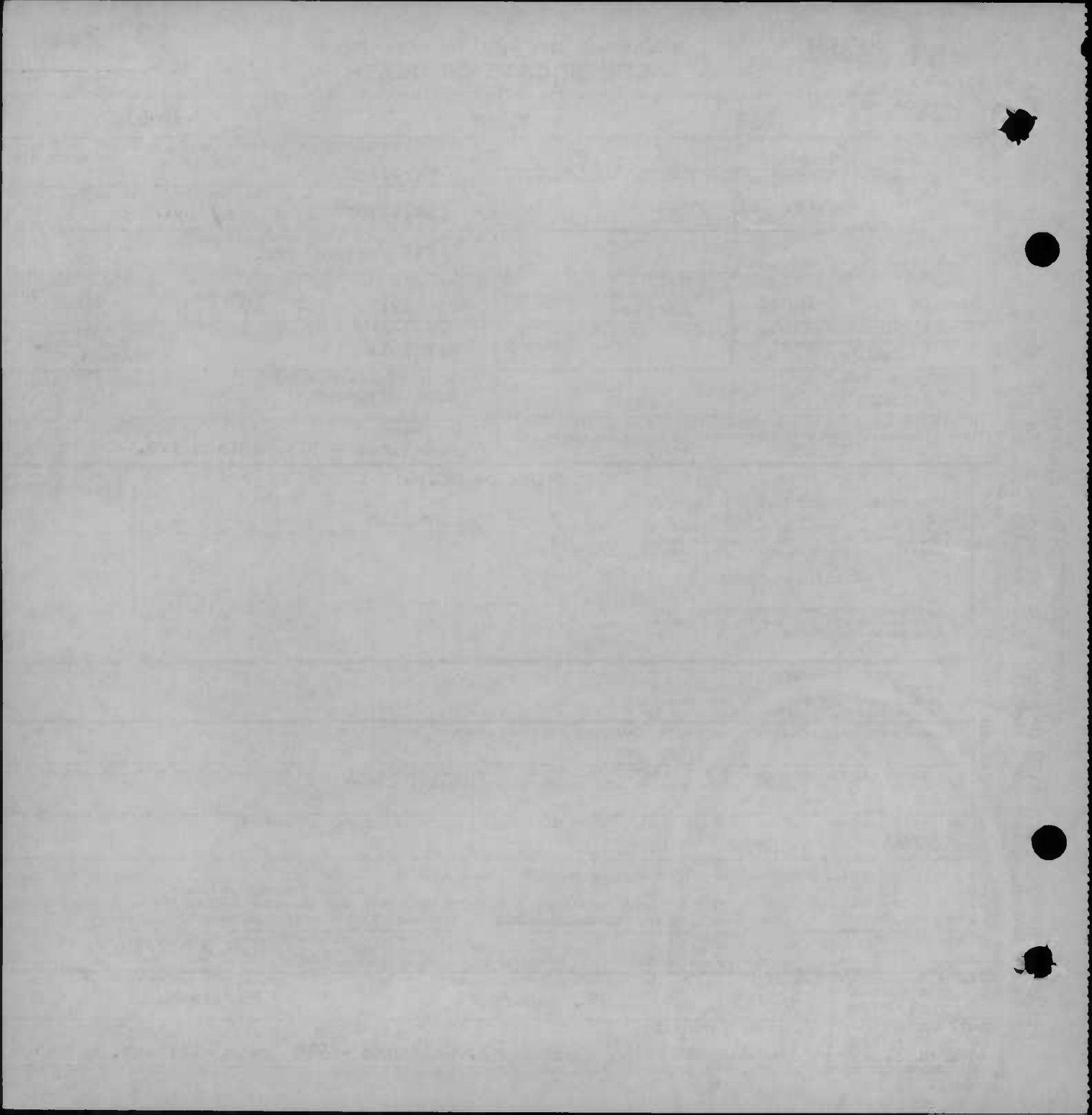
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

A. Halstead - 918 Druid Hill Ave.



AB-150958

BALTIMORE CITY HEALTH DEPARTMENT

53 2260

Registered No.

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emory Blackwell

2. DATE
OF
DEATH

Feb. 19-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 17-187

9. AGE (In years last birthday)

867

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter Blackwell

14. MOTHER'S MAIDEN NAME

Nancy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3-1951 to 2-19-1953 that I last saw the deceased alive on 2-19-1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John B. [Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-24-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH
SALMON TOWN HEALTH DEPARTMENT

1900

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2261
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER SMITH JR

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

700 Druid Hill Ave.

C. Length of stay in Baltimore

Five

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

6-8-1914

9. AGE (In years last birthday)

38

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRESSER

10B. KIND OF BUSINESS OR INDUSTRY

TAILOR SHOP

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WALTER SMITH

Md

14. MOTHER'S MAIDEN NAME

ADA K WARFIELD

Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1430

ADDRESS

ELLA WARFIELD K. MOUNT ST.

18. 322.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition

DUE TO Chronic alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED Feb. 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM

24D. LOCATION (City, town, or county)

BALTIMORE

Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

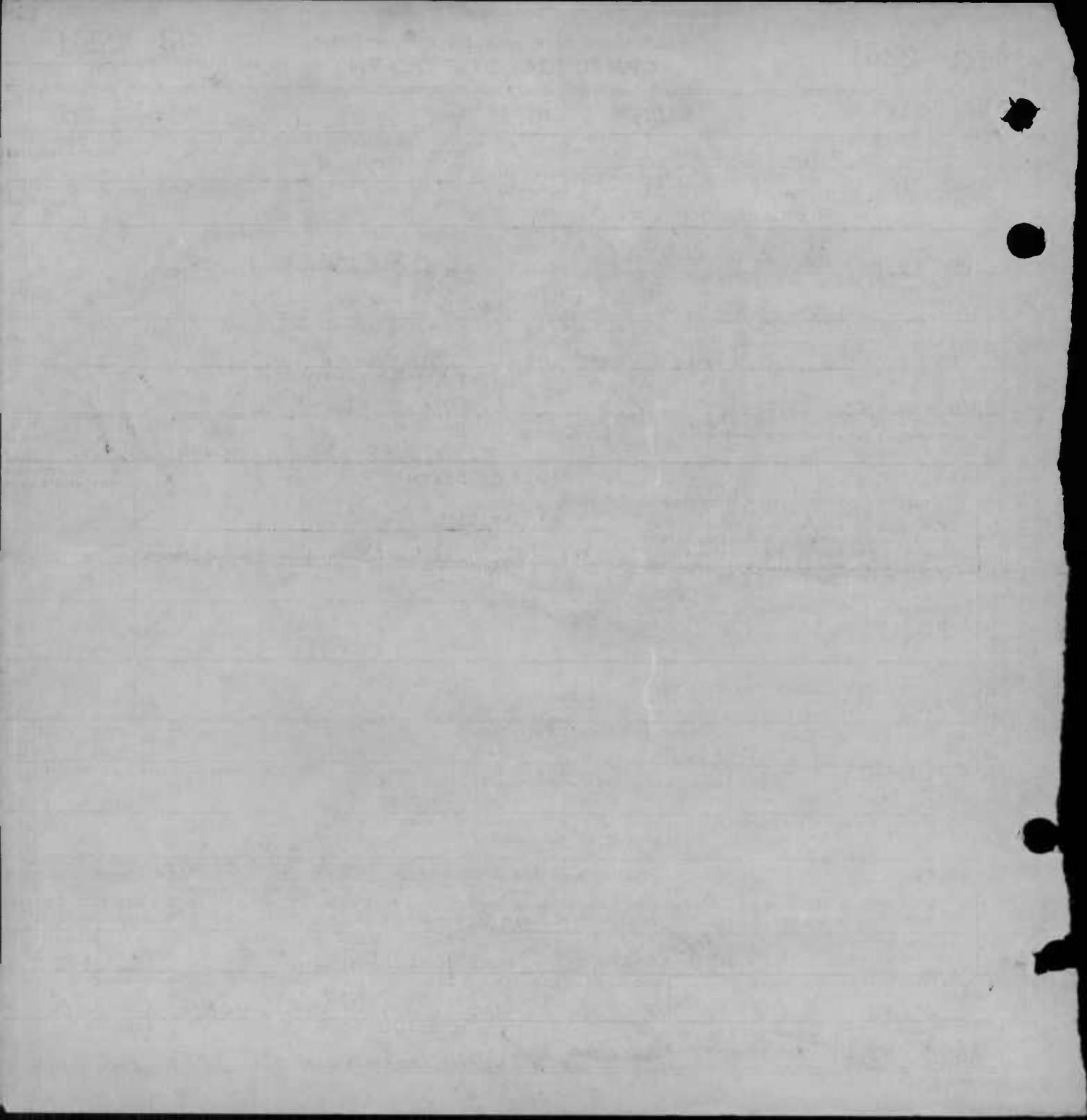
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W.M. A. JACKSON 916 PENNA. AVE.

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2262

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-2262

1. NAME OF DECEASED (Type or Print) Emma Perkins			2. DATE OF DEATH 3-1-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 903 McKean Ave. 16-04		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-8-1923	9. AGE (In years last birthday) 29	If Under 1 Year Months: 7 Days: 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10b. KIND OF BUSINESS OR INDUSTRY Continental Can Co.		11. BIRTHPLACE (State or foreign country) Georgia
13. FATHER'S NAME Bernie Harrington			14. MOTHER'S MAIDEN NAME Mina Utley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Willie D. Perkins
			ADDRESS 903 McKean Ave.		

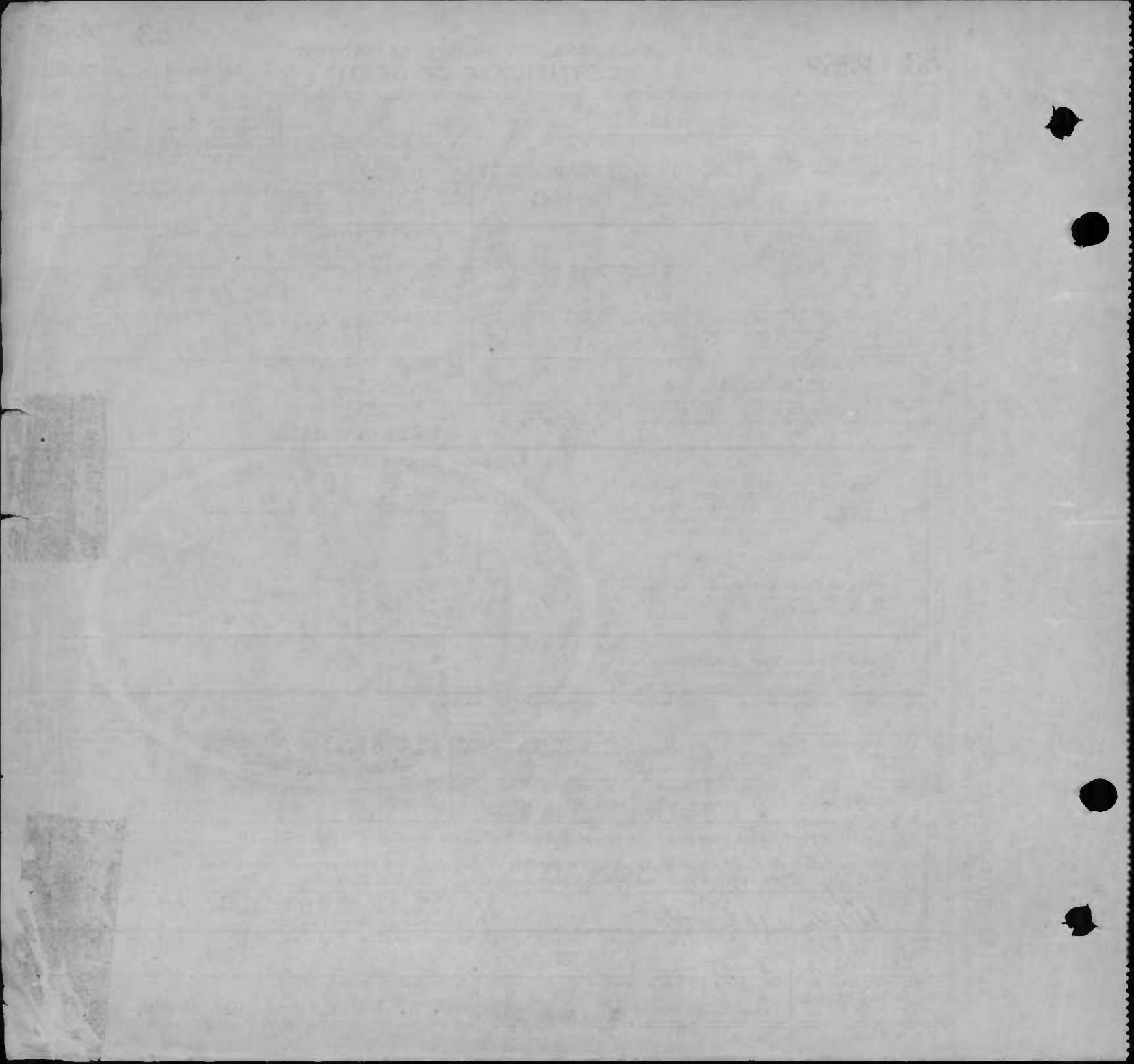
18. E 823.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed Chest		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Erdman Ave., 500' east of Debelius Ave.			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 1 53 2:15 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? passenger in auto that struck poles			
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>William H. [Signature]</i>		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24b. DATE 3-6-53	24c. NAME OF CEMETERY OR CREMATORY SIDAS CEM.		24d. LOCATION (City, town, or county) (State) SIDAS, GA.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953		REGISTRAR'S SIGNATURE <i>Thurston Williams M.D.</i>		25. FUNERAL DIRECTOR WM. A. JACKSON	
				ADDRESS 916 PENNA. AVE.	

VS 151

N 862.2

6903D



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2263

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BOYCE JAMES W.			2. DATE OF DEATH MARCH 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland V. A. HOSPITAL			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE PENNSYLVANIA B. COUNTY PHILADELPHIA COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PHILADELPHIA		
c. Length of stay in Baltimore 2 Mos.			D. STREET ADDRESS (If rural, give location) 438 N. 38th St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH February 9, 1896	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) PHILADELPHIA, PA.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME PATRICK BOYCE			14. MOTHER'S MAIDEN NAME CATHARINE MC CABE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS V. A. HOSPITAL RECORDS		

18. 151X and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma/with metastases		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Tuberculosis, pulmonary		7 mos.

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/24/52 , 19 52 , to March 1 , 19 53 , that the deceased died on March 1, 1953 , and that death occurred at 4:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE Bruce W. Armstrong		23B. ADDRESS V. A. HOSP. BALTIMORE, MD.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2-2-53		24C. NAME OF CEMETERY OR CREMATORY BEVERLY NATL.	
				24D. LOCATION (City, town, or county) (State) Beverly - NJ	

DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Medved J. Blight	ADDRESS 6009 Hayford Rd. Balt. Md.
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VS 150

Ship To: - Phillip VALVARDI 97099 258 S. 4TH ST. Phila. PA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2264		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 4437		53 2264 Registered No. 53-2264	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Rachel A. Scott		2. DATE OF DEATH Feb. 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1004 N. Mount St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03		D. STREET ADDRESS (If rural, give location) 1004 N. Mount St.	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX F		6. COLOR OR RACE C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH		9. AGE (In years last birthday) 72 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frederick Co., Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James F. Lee		14. MOTHER'S MAIDEN NAME Martha	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ardelia Cove - 1004 N. Mount St.	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3-4-53		24C. NAME OF CEMETERY OR CREMATORY Sandy Spring Cem.	
24D. LOCATION (City, town, or county) Sandy Spring, Md.		24E. NAME OF CEMETERY OR CREMATORY Sandy Spring Cem.		24F. LOCATION (City, town, or county) Sandy Spring, Md.	
DATE RECEIVED BY LOCAL REGISTRAR 3-2-53		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR ADDRESS Robert L. Snocooli - Rockville, Md.	

1985

82

1985

82

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2265

BIRTH NO. 53 2265

1. NAME OF DECEASED
(Type or Print)

John Smith

2. DATE
OF
DEATH

Feb 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

18th General Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1919 Penna ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug 15, 1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

D. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Smith

14. MOTHER'S MAIDEN NAME

Jane Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Maggie Smith, Columbia St

ADDRESS 1414

18.

443x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1953 to Feb 27, 1953, that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Marion S. W. Mowbray

23B. ADDRESS

1371 N. Carey St

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/4/53

24C. NAME OF CEMETERY OR CREMATORY

Paynes Cem

24D. LOCATION (City, town, or county)

Wash. D. C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

James L. Nelson

ADDRESS

1303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE BUREAU OF PLANT INDUSTRY WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2266

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Hawkins Harris

2. DATE
OF
DEATH

Feb. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

602 Cumberland St

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Balto

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

602 Cumberland St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

July 4, 1890

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hose Hawkins

14. MOTHER'S MAIDEN NAME

C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Hawkins 602 Cumberland St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARDIO VASCULAR DISEASE

3 YRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CEREBRAL HEMORRHAGE

2 DAYS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 15, 1950, to FEB 26, 1953, that I last saw the deceased alive on FEB 26, 1953, and that death occurred at 9:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-2-53

24C. NAME OF CEMETERY OR CREMATORY

Pantauhim

24D. LOCATION (City, town, or county) (State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George S. Nelson

ADDRESS

1303 Presstman St

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Death		Time of Death		Place of Death	
Cause of Death		Disease		Occupation	
Signature of Physician		Signature of Registrar		Signature of Coroner	

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Death		Time of Death		Place of Death	
Cause of Death		Disease		Occupation	
Signature of Physician		Signature of Registrar		Signature of Coroner	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2267**

BIRTH NO. **53 2267**

1. NAME OF DECEASED
(Type or Print)

Robert E. Gull

2. DATE OF DEATH

2/27/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

638 S. Strecker St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

638 S. Strecker St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/22/1886

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator Pythian Building

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Gull

14. MOTHER'S MAIDEN NAME

Marcella Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no)

No

16. SOCIAL SECURITY NO.

214-01-1634 Margaret Gull 638 S. Strecker St

17. INFORMANT

ADDRESS

18.

502.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Bronchitis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**52**, to **2/27**, 19**53**, that I last saw the deceased alive on **2/27**, 19**53**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Soukey

23B. ADDRESS

441 J. Ellwood Ave

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION-REMOVAL (Specify)

Burial

24B. DATE

1/3/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Extended

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Oak Inc. 1217 St. Paul St.

ADDRESS

VS 150

76174

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2268
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Elizabeth L. Cumberland*

2. DATE OF DEATH *Mar 1, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
908 S. Kenwood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 1-04

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
908 S. Kenwood Ave

5. SEX *Female*

6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH *9/14/1882*

9. AGE (In years last birthday) *70*

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (State or foreign country)
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Horace W. Gould

14. MOTHER'S MAIDEN NAME
Sophia Perling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *Norman V. Cumberland Kenwood Ave*

18. *420.1 1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerosis C. V. Disease*

DUE TO

2-16-53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Acute Coronary Occlusion*

DUE TO

Mar 1-53

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *None*

19B. MAJOR FINDINGS OF OPERATION *None*

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ *None*

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) *None*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) *None*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *22nd m.*

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? *None*

22. I hereby certify that I attended the deceased from *Feb 16, 1953*, to *Mar 1, 1953*, that I last saw the deceased alive on *Feb 28, 1953*, and that death occurred at *12:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *E. Schumann*

23B. ADDRESS *8428 East Ave*

23C. DATE SIGNED *3-2-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE *3/4/53*

24C. NAME OF CEMETERY OR CREMATORY *Schwartz*

24D. LOCATION (City, town, or county) (State)
Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 2 1953

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Wm. Cook Inc.

ADDRESS
1217 St. Paul St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2269
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Argo

2. DATE
OF
DEATH

3-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 13-00

D. STREET ADDRESS (If rural, give location)

924 Newington Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 19, 1922

9. AGE (In years
last birthday)

30

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

Registered Repair

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Argo

Cmsr.

14. MOTHER'S MAIDEN NAME

Florence ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
214-16-6041

17. INFORMANT

ADDRESS 924 Newington Ave

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aortic Stenosis + Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

DUE TO

(C) Cor Bovinum

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1953 to 9-10, 1953, that I last saw the
deceased alive on 9-10, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Beckelbaum M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3-1-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Har Sinai Cemetery

24D. LOCATION (City, town, or county)

Edman Ave Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 1126 W

Sol Spivakov Bros, North Ave

VS 150

57424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-200

RECEIVED
FEBRUARY 1964



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2270

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

CITY OF TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 492X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Sensitivity - Adrenocortical

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/1953 to 2/26/1953, that I last saw the deceased alive on 2/26/1953, and that death occurred at 4:15 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1. The first part of the paper is a list of the names of the persons who have been elected to the office of the President of the United States since the year 1789. The names are listed in alphabetical order, and the year of their election is given in parentheses. The list is as follows:

Name	Year
George Washington	(1789)
John Adams	(1796)
Thomas Jefferson	(1800)
James Madison	(1808)
James Monroe	(1816)
John Quincy Adams	(1824)
Andrew Jackson	(1828)
John Tyler	(1840)
James K. Polk	(1844)
Franklin Pierce	(1852)
Abraham Lincoln	(1860)
Andrew Johnson	(1864)
Ulysses S. Grant	(1868)
Rutherford B. Hayes	(1876)
James A. Garfield	(1880)
Chester A. Arthur	(1881)
Grover Cleveland	(1884)
Benjamin Harrison	(1888)
William McKinley	(1896)
Theodore Roosevelt	(1900)
William Howard Taft	(1908)
Woodrow Wilson	(1912)
Warren G. Harding	(1920)
Calvin Coolidge	(1923)
Herbert Hoover	(1928)
Franklin D. Roosevelt	(1932)
Dwight D. Eisenhower	(1952)
John F. Kennedy	(1960)
Lyndon B. Johnson	(1964)
Richard M. Nixon	(1968)
Gerald R. Ford	(1972)
Jimmy Carter	(1976)
Ronald Reagan	(1980)
George H. W. Bush	(1988)
Bill Clinton	(1992)
George W. Bush	(2000)
Barack Obama	(2008)
Mitt Romney	(2012)

2. The second part of the paper is a list of the names of the persons who have been elected to the office of the Vice President of the United States since the year 1789. The names are listed in alphabetical order, and the year of their election is given in parentheses. The list is as follows:

Name	Year
John Adams	(1796)
Thomas Jefferson	(1800)
James Madison	(1808)
James Monroe	(1816)
John Quincy Adams	(1824)
Andrew Jackson	(1828)
John Tyler	(1840)
James K. Polk	(1844)
Franklin Pierce	(1852)
Abraham Lincoln	(1860)
Andrew Johnson	(1864)
Ulysses S. Grant	(1868)
Rutherford B. Hayes	(1876)
James A. Garfield	(1880)
Chester A. Arthur	(1881)
Grover Cleveland	(1884)
Benjamin Harrison	(1888)
William McKinley	(1896)
Theodore Roosevelt	(1900)
William Howard Taft	(1908)
Woodrow Wilson	(1912)
Warren G. Harding	(1920)
Calvin Coolidge	(1923)
Herbert Hoover	(1928)
Franklin D. Roosevelt	(1932)
Dwight D. Eisenhower	(1952)
John F. Kennedy	(1960)
Lyndon B. Johnson	(1964)
Richard M. Nixon	(1968)
Gerald R. Ford	(1972)
Jimmy Carter	(1976)
Ronald Reagan	(1980)
George H. W. Bush	(1988)
Bill Clinton	(1992)
George W. Bush	(2000)
Barack Obama	(2008)
Mitt Romney	(2012)

3. The third part of the paper is a list of the names of the persons who have been elected to the office of the Speaker of the House of Representatives since the year 1789. The names are listed in alphabetical order, and the year of their election is given in parentheses. The list is as follows:

Name	Year
Frederick Muhlenberg	(1789)
Henry Clay	(1811)
John C. Calhoun	(1817)
James H. Hammond	(1823)
John P. Kennedy	(1829)
Samuel Houston	(1835)
Robert M. La Follette	(1890)
Charles McNary	(1896)
William B. Ewing	(1900)
Charles McNary	(1904)
Charles McNary	(1908)
Charles McNary	(1912)
Charles McNary	(1916)
Charles McNary	(1920)
Charles McNary	(1924)
Charles McNary	(1928)
Charles McNary	(1932)
Charles McNary	(1936)
Charles McNary	(1940)
Charles McNary	(1944)
Charles McNary	(1948)
Charles McNary	(1952)
Charles McNary	(1956)
Charles McNary	(1960)
Charles McNary	(1964)
Charles McNary	(1968)
Charles McNary	(1972)
Charles McNary	(1976)
Charles McNary	(1980)
Charles McNary	(1984)
Charles McNary	(1988)
Charles McNary	(1992)
Charles McNary	(1996)
Charles McNary	(2000)
Charles McNary	(2004)
Charles McNary	(2008)
Charles McNary	(2012)

4. The fourth part of the paper is a list of the names of the persons who have been elected to the office of the President of the Senate since the year 1789. The names are listed in alphabetical order, and the year of their election is given in parentheses. The list is as follows:

Name	Year
John Adams	(1789)
Thomas Jefferson	(1800)
James Madison	(1808)
James Monroe	(1816)
John Quincy Adams	(1824)
Andrew Jackson	(1828)
John Tyler	(1840)
James K. Polk	(1844)
Franklin Pierce	(1852)
Abraham Lincoln	(1860)
Andrew Johnson	(1864)
Ulysses S. Grant	(1868)
Rutherford B. Hayes	(1876)
James A. Garfield	(1880)
Chester A. Arthur	(1881)
Grover Cleveland	(1884)
Benjamin Harrison	(1888)
William McKinley	(1896)
Theodore Roosevelt	(1900)
William Howard Taft	(1908)
Woodrow Wilson	(1912)
Warren G. Harding	(1920)
Calvin Coolidge	(1923)
Herbert Hoover	(1928)
Franklin D. Roosevelt	(1932)
Dw	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Stelen Anderson2. DATE
OF
DEATHFeb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write R.R. and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1953 W. Sepington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

1-20-19059. AGE (In years,
last birthday)4810 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Domestic10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sykesville, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Anderson

14. MOTHER'S MAIDEN NAME

Lillie Bowman15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-32-277217. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS18. 446xDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH2 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1953, to 2-27, 1953, that I last saw the
deceased alive on 2-27, 1953, and that death occurred at 2:34 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick W. Soil

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Mar. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Sykesville, MarylandDATE RECEIVED BY
LOCAL REGISTRARMAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Arlington S. Phillips1808 N. Monroe Street

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2272
Registered No.

610
53 2272
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lawrence Starvey</i>			2. DATE OF DEATH <i>Feb 26 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1920 E. Madison St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-8-1890</i>		9. AGE (In years last birthday) <i>62</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>George F. Harvey</i>			14. MOTHER'S MAIDEN NAME <i>Sola B. Roach</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>220-30-2251</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Thromboses of left internal carotid artery</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-13</i> , 1953, to <i>2-26</i> , 1953, that I last saw the deceased alive on <i>2-26</i> , 1953, and that death occurred at <i>11:25</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles P. Kaplan</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-27-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>3-3-1953 Buried</i>		<i>Mar 2 1953</i>		<i>St. Olivet Cem. Frederick Ave - Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 2 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>John C. Miller Inc. - 2431 E. Olney St</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2273
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE FRANCIS ACKERMAN SR.

2. DATE OF DEATH **March 1, 1953**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

34 yrs

D. STREET ADDRESS (If rural, give location)

3132 Dunglew Road, 22

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 26 1885

9. AGE (In years)

67

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

C Y Dept

10B. KIND OF BUSINESS OR INDUSTRY

Beth Steel

11. BIRTHPLACE (State or foreign country)

Pittsburgh, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo F Ackerman Sr

14. MOTHER'S MAIDEN NAME

Elizabeth Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Geo F Ackerman 3rd 3132 Dunglew Road

18. **450.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Broncho-pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis.**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Feb. 26 th, 1953**, to **March 1st, 1953**, that I last saw the deceased alive on **March 1st, 1953**, and that death occurred at **1:00a m.**, from the causes and on the date stated above.

23A. SIGNATURE

R. Cassinelli

23B. ADDRESS

M. D. **1400 N. Caroline Street - 13**

23C. DATE SIGNED

March 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 4/53

24C. NAME OF CEMETERY OR CREMATORY

Maryland Memorial

24D. LOCATION (City, town, or county)

Balt Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William H. Home 2112 Duneside Ave

VS 150

69030

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

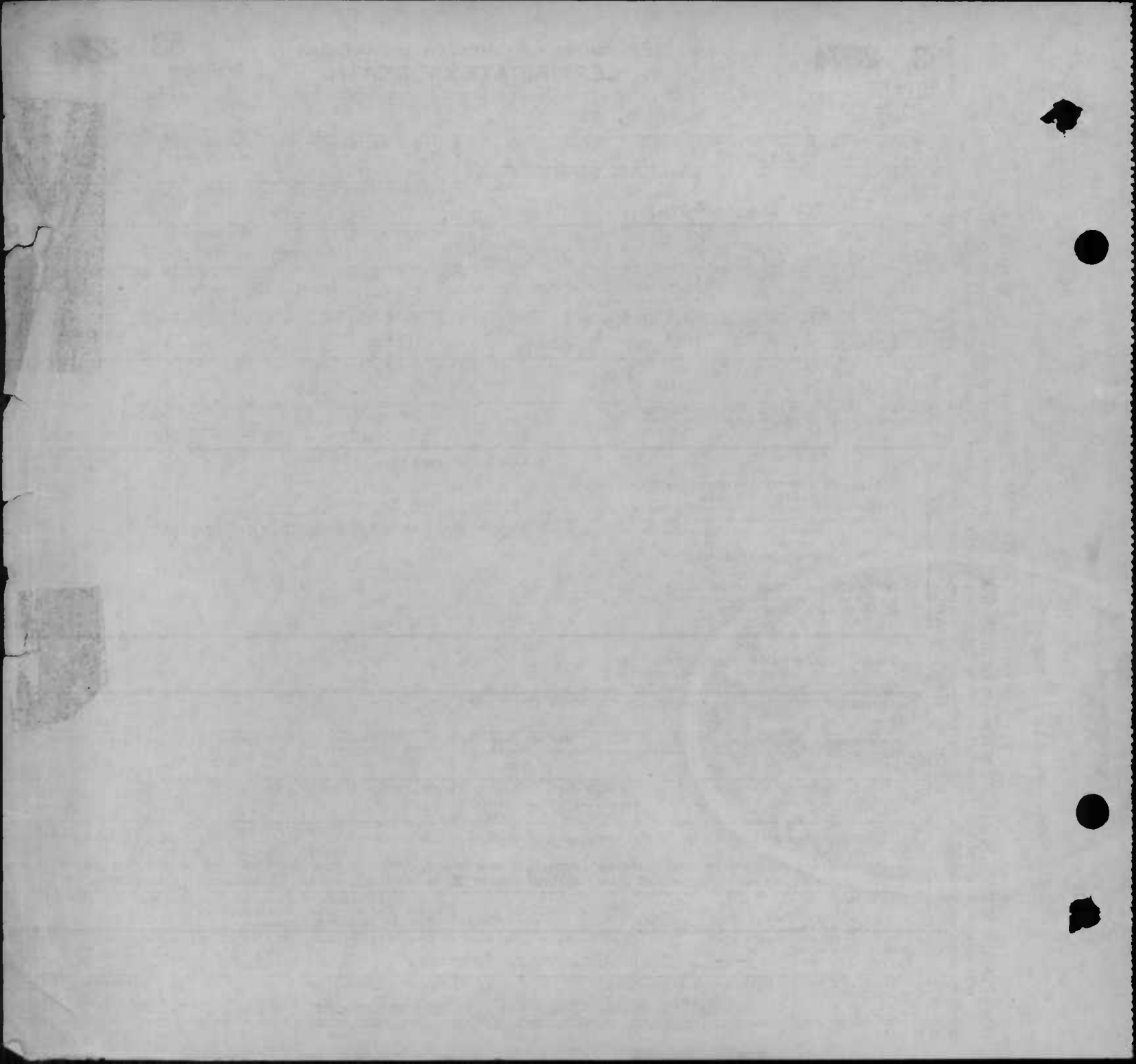
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH	
5. PLACE OF BIRTH		6. OCCUPATION		7. MARITAL STATUS		8. DATE OF DEATH	
9. CAUSE OF DEATH		10. MANNER OF DEATH		11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS	
13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF CORONER		15. SIGNATURE OF JUDGE		16. SIGNATURE OF CLERK	
17. SIGNATURE OF CHURCH		18. SIGNATURE OF FUNERAL HOME		19. SIGNATURE OF BURIAL		20. SIGNATURE OF CREMATION	
21. SIGNATURE OF INTERVIEWER		22. SIGNATURE OF INTERVIEWEE		23. SIGNATURE OF INTERVIEWER		24. SIGNATURE OF INTERVIEWEE	
25. SIGNATURE OF INTERVIEWER		26. SIGNATURE OF INTERVIEWEE		27. SIGNATURE OF INTERVIEWER		28. SIGNATURE OF INTERVIEWEE	
29. SIGNATURE OF INTERVIEWER		30. SIGNATURE OF INTERVIEWEE		31. SIGNATURE OF INTERVIEWER		32. SIGNATURE OF INTERVIEWEE	
33. SIGNATURE OF INTERVIEWER		34. SIGNATURE OF INTERVIEWEE		35. SIGNATURE OF INTERVIEWER		36. SIGNATURE OF INTERVIEWEE	
37. SIGNATURE OF INTERVIEWER		38. SIGNATURE OF INTERVIEWEE		39. SIGNATURE OF INTERVIEWER		40. SIGNATURE OF INTERVIEWEE	
41. SIGNATURE OF INTERVIEWER		42. SIGNATURE OF INTERVIEWEE		43. SIGNATURE OF INTERVIEWER		44. SIGNATURE OF INTERVIEWEE	
45. SIGNATURE OF INTERVIEWER		46. SIGNATURE OF INTERVIEWEE		47. SIGNATURE OF INTERVIEWER		48. SIGNATURE OF INTERVIEWEE	
49. SIGNATURE OF INTERVIEWER		50. SIGNATURE OF INTERVIEWEE		51. SIGNATURE OF INTERVIEWER		52. SIGNATURE OF INTERVIEWEE	
53. SIGNATURE OF INTERVIEWER		54. SIGNATURE OF INTERVIEWEE		55. SIGNATURE OF INTERVIEWER		56. SIGNATURE OF INTERVIEWEE	
57. SIGNATURE OF INTERVIEWER		58. SIGNATURE OF INTERVIEWEE		59. SIGNATURE OF INTERVIEWER		60. SIGNATURE OF INTERVIEWEE	
61. SIGNATURE OF INTERVIEWER		62. SIGNATURE OF INTERVIEWEE		63. SIGNATURE OF INTERVIEWER		64. SIGNATURE OF INTERVIEWEE	
65. SIGNATURE OF INTERVIEWER		66. SIGNATURE OF INTERVIEWEE		67. SIGNATURE OF INTERVIEWER		68. SIGNATURE OF INTERVIEWEE	
69. SIGNATURE OF INTERVIEWER		70. SIGNATURE OF INTERVIEWEE		71. SIGNATURE OF INTERVIEWER		72. SIGNATURE OF INTERVIEWEE	
73. SIGNATURE OF INTERVIEWER		74. SIGNATURE OF INTERVIEWEE		75. SIGNATURE OF INTERVIEWER		76. SIGNATURE OF INTERVIEWEE	
77. SIGNATURE OF INTERVIEWER		78. SIGNATURE OF INTERVIEWEE		79. SIGNATURE OF INTERVIEWER		80. SIGNATURE OF INTERVIEWEE	
81. SIGNATURE OF INTERVIEWER		82. SIGNATURE OF INTERVIEWEE		83. SIGNATURE OF INTERVIEWER		84. SIGNATURE OF INTERVIEWEE	
85. SIGNATURE OF INTERVIEWER		86. SIGNATURE OF INTERVIEWEE		87. SIGNATURE OF INTERVIEWER		88. SIGNATURE OF INTERVIEWEE	
89. SIGNATURE OF INTERVIEWER		90. SIGNATURE OF INTERVIEWEE		91. SIGNATURE OF INTERVIEWER		92. SIGNATURE OF INTERVIEWEE	
93. SIGNATURE OF INTERVIEWER		94. SIGNATURE OF INTERVIEWEE		95. SIGNATURE OF INTERVIEWER		96. SIGNATURE OF INTERVIEWEE	
97. SIGNATURE OF INTERVIEWER		98. SIGNATURE OF INTERVIEWEE		99. SIGNATURE OF INTERVIEWER		100. SIGNATURE OF INTERVIEWEE	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> A-200 53 2874 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 443X 53 2874 Registered No. 53-2874 </div>	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Harry M. Ash	
2. DATE OF DEATH March 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (not in hospital or institution, give street address or location) 5208 Ivanhoe Ave.	
C. LENGTH OF STAY IN BALTIMORE 51 yrs.	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10	
D. STREET ADDRESS (If rural, give location) 5208 Ivanhoe Ave.	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 3-15-1891	
9. AGE (In years last birthday) 61	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Supt.	
10B. KIND OF BUSINESS OR INDUSTRY Oxygen & Gases	
11. BIRTHPLACE (State or foreign country) Elkton, Md.	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME David Ash	
14. MOTHER'S MAIDEN NAME Mary E. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Mrs. Ida M. Ash - 5205 Ivanhoe Ave.	
18. CAUSE OF DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive Cardiovascular Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .	
23A. SIGNATURE <i>W. H. Williams</i>	
23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	
24B. DATE 3-4-53	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR 3-2-53	
REGISTRAR'S SIGNATURE Huntington Williams, Md.	
25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons, Inc. Balto., Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2275
Registered No.

BIRTH NO.

1. NAME OF DECEASED (META HELENA RUPERTI)
(Type or Print) *Rupert, Meta Helena*2. DATE OF DEATH *27 Feb 53*3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEC. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)
*Baltimore**Union Memorial Hosp.*D. STREET ADDRESS (If rural, give location)
*3113 Weaver Ave. #14.*c. Length of stay in Baltimore *61 years*Yrs.
Mos.
Days5. SEX *F.*6. COLOR OR RACE *W.*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *W.*8. DATE OF BIRTH *16 Oct 1876.*9. AGE (In years last birthday) *76*10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
*Housewife*10B. KIND OF BUSINESS OR INDUSTRY
*at home*11. BIRTHPLACE (State or foreign country)
*Germany*12. CITIZEN OF WHAT COUNTRY?
USA ✓13. FATHER'S NAME
*Christian Fischer*14. MOTHER'S MAIDEN NAME
*Bertha Koehler*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
*no*16. SOCIAL SECURITY NO.
*none*17. INFORMANT ADDRESS
*Mrs Edward F. Carter
3113 Weaver Ave*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Pulmonary emboli occluding right branch of pulmonary artery*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *generalized & coronary arteriosclerosis*
DUE TO
(C) *Rupture right ventricle of heart*
*mural thrombi, rt ventricle of heart*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
*Broncho pneumonia.*19A. DATE OF OPERATION *27*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *19 Feb*, 1953, to *27 Feb*, 1953, that I last saw the deceased alive on *27 Feb*, 1953, and that death occurred at *1245 p.m.*, from the causes and on the date stated above.23A. SIGNATURE
*J D Hubbard*23B. ADDRESS
M. D. *Union Memorial Hosp.*23C. DATE SIGNED
*Feb 27, 1953*24A. BURIAL, CREMATION, REMOVAL (Specify)
*Burial*24B. DATE
*3/2/53*24C. NAME OF CEMETERY OR CREMATORY
*Baltimore Cemetery*24D. LOCATION (City, town, or county) (State)
*Baltimore MD.*DATE RECEIVED BY LOCAL REGISTRAR
*MAR 2 1953*REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*Henry Sander & Sons Inc.*ADDRESS
*Baltimore Md.**Secy. F. Sander*

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2876**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Semone

2. DATE OF DEATH **Feb. 27, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

3103 Pelham Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3103 Pelham Ave

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Aug. 6, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Freight Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James E. Semone

14. MOTHER'S MAIDEN NAME

Virginia Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

717-07-7749

17. INFORMANT

Mrs. Russell E. Burge

ADDRESS

3103 Pelham Ave.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**Cerebral sclerosis -
Cerebrovascular disease -
Vascular disease**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 18** to **Feb 27, 1953**, that I last saw the deceased alive on **Feb 27, 1953** and that death occurred at **7:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

3400 E. Enoch Ave

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Md.

VS 150

[Signature]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
DIVISION OF HEALTH

IND



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 2277

BIRTH NO.

(BLANCHE EDITH KNIGHTON)

1. NAME OF DECEASED
(Type or Print)

KNIGHTON, MRS. BLANCHE

2. DATE
OF
DEATH

Feb. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write R.U.M.I. and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

513X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumococcal Meningitis

DUE TO

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pan sinusitis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/23, 1953, to 2/28, 1953, that I last saw the deceased alive on 2/28, 1953, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

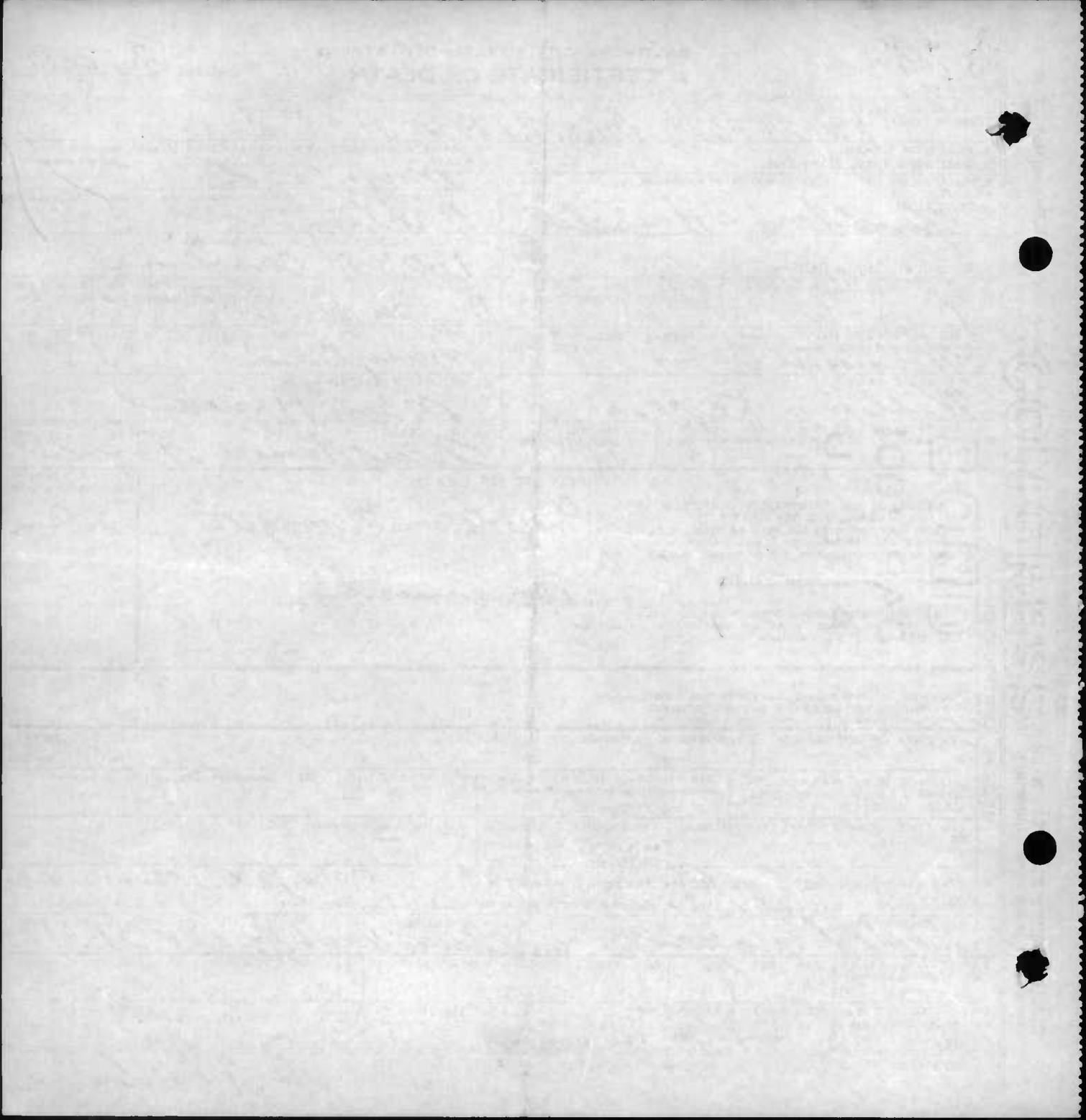
ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2278
Registered No.

BIRTH NO. 53 2278

1. NAME OF DECEASED
(Type or Print)

Caroline V. (Carrie) Yaeger

2. DATE
OF
DEATH

2/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

615 N. East Ave.

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

615 N. East Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 27, 1880

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Bentz

14. MOTHER'S MAIDEN NAME

Agatha Koch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rose Fester 615 N. East Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion
Coronary Sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

Arterio Sclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

15 min

Unknown

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1952 to Feb. 28, 1953, that I last saw the deceased alive on Feb. 28, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

O. Antojians

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

2/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Blaine F. Hoffmann 1639 Broadway

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH OF CHILD, 1900-1901

ATTESTED, COUNTY

DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901

DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901

DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901

DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901
DEATH OF CHILD, 1900-1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2279

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geo. H. Ruppert

2. DATE
OF
DEATH

Feb. 27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2229 Jefferson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
2229 Jefferson St.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

2229 Jefferson St.

c. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 6, 1872

9. AGE (In years,

last birthday)

80

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Rice's Bakery

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Ruppert

14. MOTHER'S MAIDEN NAME

Elizabeth Graham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Ruppert 8101 Clyde Bank

(4)

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Parkinson's disease

15 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17/1946, to 2/27/53, 19, that I last saw the deceased alive on 2/27/53, 19, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 2, 1953

Baltimore Cemetery

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 1953

Huntington Williams, M.D. 2024 Orleans St. 31

DEPARTMENT OF HEALTH
CENTRAL OFFICE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

NAME OF BURIAL

MARGIN RESERVED FOR BINDING

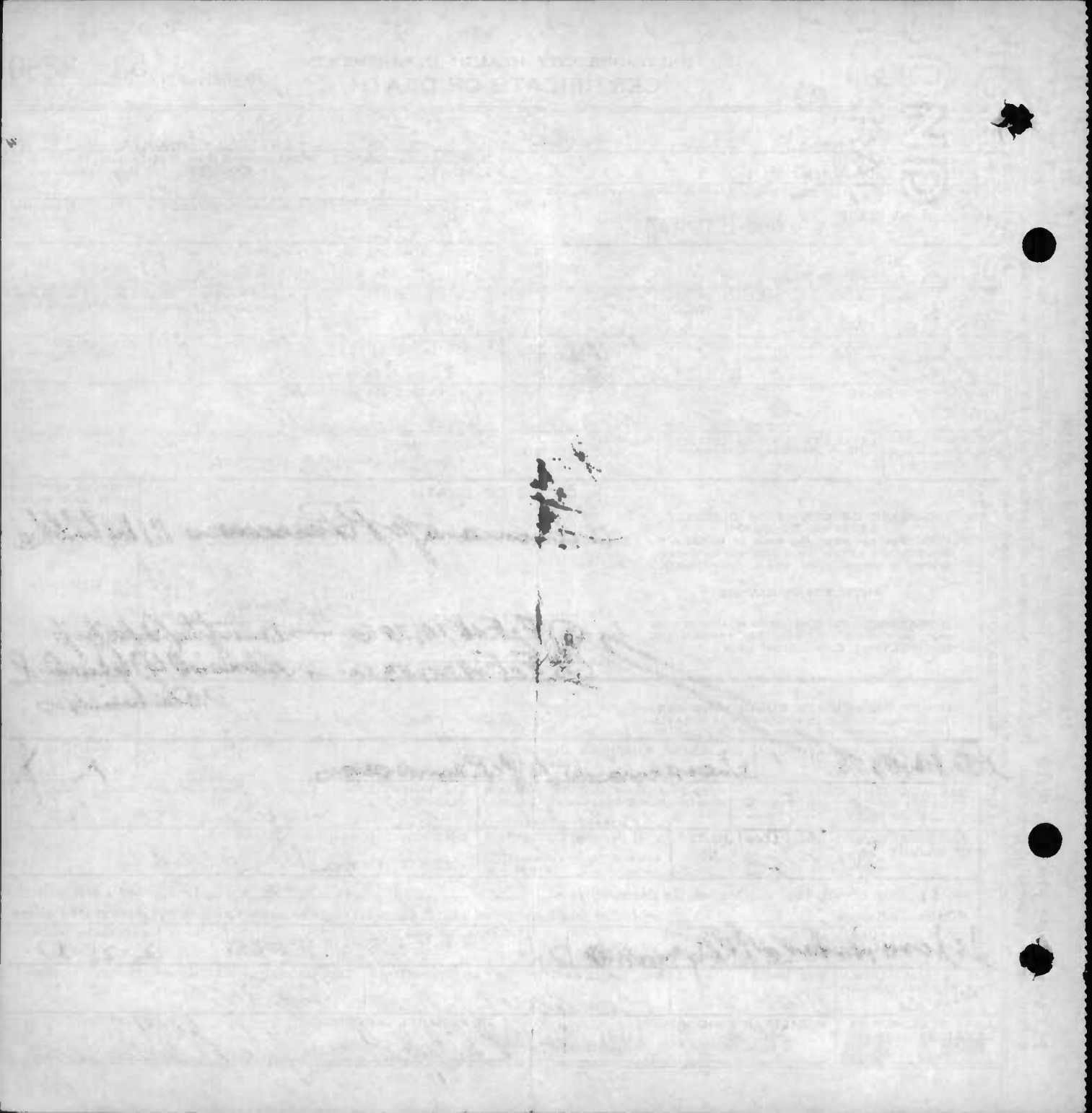
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Med Ex Case - Released to Hosp. to be appor
 58 2280
 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH
 Registered No. 53 2280

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>August George (August F. J. George)</i>			2. DATE OF DEATH <i>February 28, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Route #10, Box 30, Millen Island Rd.</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-18-77</i>	9. AGE (In years last birthday) <i>76</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Paper Hanger</i>			11. BIRTHPLACE (State or foreign country) <i>Bald Co</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>George George</i>			14. MOTHER'S MAIDEN NAME <i>Julia Frank</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>			16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>157x and E902.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Pancreas</i>			CAUSE OF DEATH (A) <i>Carcinoma of Pancreas</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>Months</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <i>② Feb 16, 1953 - Fracture left hip</i> DUE TO			(C) <i>③ Feb 21, 1953 - Abdominal Pain</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>Fracture left hip</i>			<i>Pelvic</i>		
19A. DATE OF OPERATION <i>Feb 11, 53</i>			19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Pancreas</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>hospital</i>			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Johns Hopkins Hospital</i>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>2/15/53</i> m.			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? <i>Fell out of bed.</i>		
22. I hereby certify that I attended the deceased from <i>1-29</i> m., 19 <i>53</i> , to <i>2-28</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-28</i> , 19 <i>53</i> , and that death occurred at <i>TR</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Thorne Harold Kay, M.D.</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			23C. DATE SIGNED <i>2-28-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Mar 3/53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		
24D. LOCATION (City, town, or county) (State) <i>Bald MD</i>			25. FUNERAL DIRECTOR <i>Philip Herwigson</i>			ADDRESS <i>2029 Calver St</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 2 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>					

VS 150
 N 820.0

31



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2281**

BIRTH NO. **53-05736**

1. NAME OF DECEASED
(Type or Print)

WAYNE ROGER VON LINDENBERG

2. DATE OF DEATH

March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY **Howard**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **LUTHERAN HOSP. OF MD.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ELLICOTT CITY

c. Length of stay in Baltimore

4

O. STREET ADDRESS (If rural, give location)
ELLICOTT RD. 6300

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

INFANT

8. DATE OF BIRTH

FEB. 25, 1953

9. AGE (In years last birthday)

If Under 1 Year Months: Days: Hours: Min. **4**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HERBERT F. VON LINDENBERG, JR.

14. MOTHER'S MAIDEN NAME

NORMA CHANEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Dr. von L. Jr. Ellicott Rd** ADDRESS

18. **770.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ERYTHROBLASTOSIS FETALIS** DUE TO

4 days

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 25, 1953** to **MARCH 1, 1953** that I last saw the deceased alive on **March 1, 1953**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Jerome Pelet

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

March 1, 1953

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Alonzo H. Rembach

25B. ADDRESS

2500 Lyndhurst St

DECLARATION OF DEATH
DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Age of deceased		6. Sex of deceased	
7. Occupation of deceased		8. Marital status of deceased	
9. Name of informant		10. Signature of informant	
11. Name of declarant		12. Signature of declarant	
13. Name of witness		14. Signature of witness	
15. Name of witness		16. Signature of witness	
17. Name of witness		18. Signature of witness	
19. Name of witness		20. Signature of witness	
21. Name of witness		22. Signature of witness	
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97. Name of witness		98. Signature of witness	
99. Name of witness		100. Signature of witness	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2282
Registered No. _____

1. NAME OF DECEASED
(Type or Print)

Anna R. Payne

2. DATE
OF
DEATH

2/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Ma.

Balto.

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

4811 Arabia Ave

#14

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED
WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 11, 1898

9. AGE (In years last birthday)

54

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telephone Operator

10B. KIND OF BUSINESS OR INDUSTRY

University Hospital

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Feathers

14. MOTHER'S MAIDEN NAME

Mary Schafer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Earl Feathers, Sr. 4812 Arabia Ave

18. *401.3*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Rheumatic Pan-carditis, acute*

4 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Rheumatic C.V. Disease, Chronic, Aortic Stenosis and Insufficiency, and Mitral Insufficiency*

Years

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/1/53*, 19__, to *2/28/53*, 19__, that I last saw the deceased alive on *2/28/53*, 19__, and that death occurred at *3:40* A. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

M. O.

23B. ADDRESS

W. H.

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 3/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Witzke

ADDRESS

4101 Edmondson Ave.

MAR 2 1953

VS 150

370 8th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2283BIRTH NO. 400 2283

1. NAME OF DECEASED (Type or Print) Lottie M. Galloway			2. DATE OF DEATH March 2/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 218 N. Monastery Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 218 N. Monastery Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 20, 1871		9. AGE (in years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nicholas Hartman			14. MOTHER'S MAIDEN NAME Matilda Legg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT (Son) ADDRESS Wm. N. Galloway, 218 N. Monastery Av		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Carcinoma of Sigmoid Colon		INTERVAL BETWEEN ONSET AND DEATH 18 mos.
(A) DUE TO		(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION Nov. 1951		19B. MAJOR FINDINGS OF OPERATION Ca of Colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan , 19 <u>41</u> , to March 2 , 19 <u>53</u> , that I last saw the deceased alive on Feb. 28 , 19 <u>53</u> , and that death occurred at 6:35 a m., from the causes and on the date stated above.				
23A. SIGNATURE Kennard Yaffe		23B. ADDRESS 3101 W. Baltimore St.		23C. DATE SIGNED 3-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 5/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Baltimore 29, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry A. White	ADDRESS 4101 Edmondson Ave.

MINISTRE DE LA SANTE
DEPARTEMENT DE LA SANTE
CERTIFICATE OF DEATH



1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of the attending physician	
10. Signature of the registrar		11. Signature of the coroner		12. Signature of the medical examiner	
13. Signature of the funeral director		14. Signature of the undertaker		15. Signature of the cemetery official	
16. Signature of the burial official		17. Signature of the crematorium official		18. Signature of the interment official	
19. Signature of the exhumation official		20. Signature of the reinterment official		21. Signature of the other official	
22. Signature of the other official		23. Signature of the other official		24. Signature of the other official	
25. Signature of the other official		26. Signature of the other official		27. Signature of the other official	
28. Signature of the other official		29. Signature of the other official		30. Signature of the other official	
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97. Signature of the other official		98. Signature of the other official		99. Signature of the other official	
100. Signature of the other official		101. Signature of the other official		102. Signature of the other official	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2284**

BIRTH NO. **53 2284**

1. NAME OF DECEASED
(Type or Print)

Emma Jane Zeller

2. DATE
OF
DEATH

March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

423 S. Gilmore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

423 S. Gilmore St

c. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 20, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Reed

14. MOTHER'S MAIDEN NAME

Anna M. -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Andrew Zeller, 423 S. Gilmore St.

18. **154X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA OF RECTUM**

DUE TO

20 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
12 DECEMBER 1951

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF RECTUM WITH PELVIC SPREAD

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **25 OCT**, 19**51**, to **1 MARCH**, 19**53**, that I last saw the deceased alive on **28 FEB**, 19**53**, and that death occurred at **3:10 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Harry F. Rieck

23B. ADDRESS

1218 N. Calvert St.

23C. DATE SIGNED

2 March 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 4/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glenburnie A.A.Co.Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Harry F. Rieck

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave

STATE OF TEXAS
COUNTY OF DALLAS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2285

Registered No. _____

53 2285
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rufus E. Doegen</i>			2. DATE OF DEATH <i>3/12/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>18-05</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1204 Hollins St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>12</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1204 Hollins St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4/3/1887</i>		9. AGE (In years last birthday) <i>65</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Distributing Co</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Engineer</i>	11. BIRTHPLACE (State or foreign country) <i>Massachusetts</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
13. FATHER'S NAME <i>Nob Doegen</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Mrs Ollie G. Doegen 1204 Hollins</i>		

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Chronic Nephritis</i>	CAUSE OF DEATH <i>Chronic Nephritis</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Infection</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 14</i> , 19 <i>53</i> , to <i>March 19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>March 1</i> , 19 <i>53</i> , and that death occurred at <i>11 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leo Krammer M.D.</i>		23B. ADDRESS <i>10 So Baltimore</i>		23C. DATE SIGNED <i>3/12/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/14/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W H Olivet Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>John J. Egan & Son</i>		ADDRESS <i>1204 Hollins</i>	

MAR 2 1953
VS 150

58346

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

Marital Status

Previous Illnesses

Medical History

Family History

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Pathologist

Signature of Forensic Scientist

Signature of Toxicologist

Signature of Anthropologist

Signature of Archaeologist

Signature of Linguist

Signature of Historian

Signature of Geographer

Signature of Meteorologist

Signature of Oceanographer

Signature of Astronomer

Signature of Biologist

Signature of Chemist

Signature of Physicist

Signature of Mathematician

Signature of Engineer

Signature of Architect

Signature of Designer

Signature of Artist

Signature of Writer

Signature of Actor

Signature of Director

Signature of Producer

Signature of Executive

Signature of Manager

Signature of Supervisor

Signature of Assistant

Signature of Clerk

Signature of Receptionist

Signature of Janitor

Signature of Cook

Signature of Baker

Signature of Butcher

Signature of Grocer

Signature of Pharmacist

Signature of Doctor

Signature of Nurse

Signature of Aide

Signature of Attendant

Signature of Caretaker

Signature of Custodian

Signature of Keeper

Signature of Guardian

Signature of Protector

Signature of Defender

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2286**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

NETTIE SHANEY

 2. DATE
OF
DEATH

3-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

C. Length of stay in Baltimore

6 mo.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

O. STREET ADDRESS (If rural, give location)

1215 FOREST RD #19

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug 1887

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days

+

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife at Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.Y. STATE

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM JONES

14. MOTHER'S MAIDEN NAME

Charles Anna Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

+

16. SOCIAL SECURITY NO.

17. INFORMANT

HUSBAND

ADDRESS

ABOVE

 18. **332X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **CEREBRAL EMBOLISM**

DUE TO

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) **MYOCARDIAL INFARCTION**

DUE TO

6 M

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

AMPUTATION RT LEG (EMBOLISM) 6M
EMBOLISM LEFT LEG (1 WEEK)

19A. DATE OF OPERATION

2/23/53

19B. MAJOR FINDINGS OF OPERATION

ARTERIAL OCCLUSION LEG LEFT (LUMBAR SYMPATHECTOMY)

20. AUTOPSY?

 YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **2/22**, 19**53**, to **3/1**, 19**53**, that I last saw the deceased alive on **3/1**, 19**53**, and that death occurred at **12:05 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

John A. Dintchev

M.D.

23B. ADDRESS

MD. NEW HOSP.

23C. DATE SIGNED

MAR 1st 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

E. North Ave & Rose St.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son Hollins

ADDRESS

MAR 2 1953

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2287BIRTH NO. 512
22871. NAME OF DECEASED
(Type or Print)Ranie Thompson2. DATE
OF
DEATH2/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION827 Penna. Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

827 Penna. Ave.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

July 10, 19009. AGE (In years
last birthday)5210 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Domestic10B. KIND OF BUSINESS OR
INDUSTRYPrivate Family

11. BIRTHPLACE (State or foreign country)

Unknown12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.215-32-0078 Carl De Hoff - 2020 N. Ches. St.

17. INFORMANT

ADDRESS

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Diffuse adenocarcinoma
carcinoma6 weeks

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from Oct, 1953 to 2/28, 1953, that I last saw the
deceased alive on 2/26, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 1953Wm I. Chetman Jr. - 1201 M & Gully
Balto. D. Md. St.

1015-10

THE UNIVERSITY OF CHICAGO
LIBRARY

404 21st

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2288
Registered No. 53 2288

BIRTH NO. 53 2288

1. NAME OF DECEASED (Type or Print) <u>SAMUEL Raymond VIA</u>			2. DATE OF DEATH <u>Mar. 1-1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2403 Hemlock Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2403 Hemlock Ave</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18-1903</u>	9. AGE (In years last birthday) <u>49</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAKSMAN-Hecht</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Furniture Co.</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <u>Joseph VIA</u>			14. MOTHER'S MAIDEN NAME <u>KATHERINE Dudrow</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mrs. Marion Via 2403 Hemlock</u>		

18. <u>191X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Squamous cell carcinoma of skin with metastases & generalized carcinomatosis</u> DUE TO (B) <u>Brain metastases</u> DUE TO (C) <u>Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>17 years</u>
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION <u>2/53</u> 19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Cervix</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1941, to March 1, 1953 that I last saw the deceased alive on 3/1, 1953, and that death occurred at 630p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Heard H. Hunter</u>	23B. ADDRESS <u>812 Park</u>	23C. DATE SIGNED <u>3/1/53</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/4/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO Md</u>
--	----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 2 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Buck</u>	ADDRESS <u>5305 NARFORD Rd.</u>
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VS 150

4906G

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Livingston
812 Park Ave.
2-6

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2289**

BIRTH NO. **53 2289**

1. NAME OF DECEASED
(Type or Print)

MONA C. ELLIS

2. DATE OF DEATH **Mar. 1, 1953**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**Melchor Nursing Home
2327 N. Charles St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
710 Homestead St.

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Oct. 24, 1895

9. AGE (In years last birthday)

57

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

B. B. Cooley

14. MOTHER'S MAIDEN NAME

Nancy Neale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mr. James L. Ellis-710 Homestead St.

18. **157X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CRCUWA PANCREAS**

5 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **NONE**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

DEC. 28-1952

19B. MAJOR FINDINGS OF OPERATION

CRCUWA PANCREAS

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 25, 1952** to **MARCH-1, 1953**, that I last saw the deceased alive on **MARCH-1, 1953**, and that death occurred at **1:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Stuart D. Suray

M. O.

23B. ADDRESS

201 East 33rd St.

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/2/53

24C. NAME OF CEMETERY OR CREMATORY

Heavner Cem.

24D. LOCATION (City, town, or county)

Buckhannon, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. J. Tischer & Sons

ADDRESS

Balto 17, Md.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
JUN 10 1964
FBI
WASHINGTON, D.C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2290

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Maye Wakeman

2. DATE
OF
DEATH

Feb. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.
Baltimore #8

D. STREET ADDRESS (If rural, give location)

642 McKeniv Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

11/28/73

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

at Dept. store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Richard Dorsey

14. MOTHER'S MAIDEN NAME

Mary J.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

055-12-8383

17. INFORMANT

ADDRESS

Mr. L. B. Wakeman-2028 Mt. Royal Ave.

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer of kidneys & metastasis
to liver

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20/1953, to 2/28/1953, that I last saw the
deceased alive on 2/28/1953, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin L. Keller

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickens & Sons

Balto 17, Md.

UNITED STATES OF AMERICA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH

1000 K STREET, N.W.

WASHINGTON, D.C. 20001

Telephone: (202) 205-2000

Teletype: (202) 205-2000

Facsimile: (202) 205-2000

Internet: www.hhs.gov

World Wide Web: www.hhs.gov

World Wide Web: www.hhs.gov

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World Wide Web: www.hhs.gov

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2291**

53 2291
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA LOUISA SHEFFER

2. DATE
OF
DEATH

Feb. 28, 1953

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTUTION

3909 Forest Park Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

3909 Forest Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

female

6. COLOR OR RACE

female - W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

Apr. 20, 1874

9. AGE (In years last birthday)

78

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Sackhoff

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. W. Sheffer, Jr. - 4605 Old Frederick Rd.

18. **4 21. 4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive heart failure**

one week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic Endo-myocarditis**
(C) **Chr. Cholecystitis; chr. peptic ulcer**

2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 7**, 19**51**, to **Feb. 28**, 19**53**, that I last saw the deceased alive on **Feb 26, 19 53** and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Maurice E. Shamer

23B. ADDRESS

3300 W. North Ave

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Trefener & Sons

ADDRESS

Balto 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2292**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles O. Scrivener

2. DATE
OF
DEATH

Feb. 28, 1953

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **St. Agnes Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

26 Braeside Road

5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-8-1875 Oct 23

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR INDUSTRY

Retired Builder

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Scrivener

Deceased

14. MOTHER'S MAIDEN NAME

Virginia Kelton

KELTON

deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

217-01-6066

17. INFORMANT

Records

ADDRESS

18. **584X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Insufficiency**

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Arteriosclerosis**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Bilateral Pneumonia + Hepatitis

20 days

19A. DATE OF OPERATION

2/10/53

19B. MAJOR FINDINGS OF OPERATION

Acute Cholecystitis & Lithiasis - Hepatitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **2/2**, 19**53**, to **2/28**, 19**53**, that I last saw the deceased alive on **2/28**, 19**53**, and that death occurred at **9:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE

Superior K. Padurnis

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR:3:1953

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK CEM.

24D. LOCATION (City, town, or county)

WOODLAWN MARYLAND

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. B. Wippert & Son

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

JAMES A. WILSON

JAN 10 1953

J. Edgar Hospital

No. 123456789

11

11-1-1953

11-1-1953

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CAUSE OF DEATH

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M-250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2293

Registered No.

53 2293
BIRTH NO. 53-05811

1. NAME OF DECEASED (Type or Print) BABY MCKENNEY			2. DATE OF DEATH February 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Found: 1416 Riverside Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min. 10?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. E983.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Anemia DUE TO hemorrhage from umbilical cord (B) Subdural hemorrhage DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1416 Riverside Avenue 24/3	
21D. TIME (Month) (Day) (Year) (Hour) Found: Feb. 4, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Improper care during and after birth	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Updegraff</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED February 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 3/24/53		24C. NAME OF CEMETERY OR CREMATORY City Morgue	
24D. LOCATION (City, town, or county) (State) 700 East St		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V S 151

N 994 X

cremated at morgue 3-24-53 at 2 PM

green

914 Little Juni 8th

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2294

BIRTH NO. 53-00783

1. NAME OF DECEASED
(Type or Print)

Bruce Baby Girl

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5200

D. STREET ADDRESS (If rural, give location)

4812 Grenville Sq.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Baby girl

8. DATE OF BIRTH

1-7-53

9. AGE (in years
last birthday)

1

If Under 1 Year
Months

14

If Under 24 Hours
Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Thomas Bruce

14. MOTHER'S MAIDEN NAME

Garnett Louise Shumata

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 752X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hydrocephalus

(congenital)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Congenital anomalies

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Spina Bifida, meningocel, clubfoot

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-1953 to 2-21-1953, that I last saw the deceased alive on 2-21-1953 and that death occurred at 1:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. Richter

23B. ADDRESS

23C. DATE SIGNED

2-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 26 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

AB-104160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2295

Registered No. _____

53 2295
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anthony Chojnowski			2. DATE OF DEATH Feb. 15-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 39yrs			D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals-4940 Eastern Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 10-1881	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

MEDICAL CERTIFICATION	18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease		2 yrs.
	19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-30- , 19 46 , to 2-15- , 19 53 , that I last saw the deceased alive on 2-15- , 19 53 , and that death occurred at 2.20AM , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Jones		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 2-15-1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) MAR 2 1953
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	

1951-1952

SAINT JOHN'S HOSPITAL

NAME

AGE

SEX

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2296

53 2296
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Thomas Peters			2. DATE OF DEATH February 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 72 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2221 E. Madison St. #5		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1881		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler		10B. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Peters			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-05-4120	17. INFORMANT ADDRESS Bertha Peters- 2221 E. Madison St.		

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Cerebral Hemorrhage		DUE TO		
ANTECEDENT CAUSES		(B) Cardiac Failure		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Broncho-Pneumonia		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 27, 1953 to February 27, 1953 , that I last saw the deceased alive on February 1953 , and that death occurred at 11:00 PM from the causes and on the date stated above.					
23A. SIGNATURE R. Cassinelli		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Feb. 27 '53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 3, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
				24D. LOCATION (City, town, or county) (State) Baltimore 6, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Fr. Cvach & Son 900 N. Chester St. 5	

VS 150

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1914.

REPORT
OF THE
ATTORNEY GENERAL,
JAMES C. CLARK,
FOR THE YEAR
1913.

ALBANY:
JAMES C. CLARK,
ATTORNEY GENERAL.
1914.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2297
Registered No.

B-620
53 2297
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY C. BOWERS			2. DATE OF DEATH Feb. 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 305 Maryland Rd.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 305 Maryland Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 28, 1888		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Dept.		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick J. Bowers			14. MOTHER'S MAIDEN NAME Kate Baldwin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Clifton L. Bowers-238 Gralar Rd. #28		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterial Hypertension		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan 1951**, 19**51**, to **Feb. 27, 1953** that I last saw the deceased alive on **Feb. 23, 1953**, and that death occurred at **7 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE W. H. Lerner	23B. ADDRESS 4209 Fred. Ave	23C. DATE SIGNED 3/15/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/3/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mr. J. Pickner & Sons 554 SE Balto. 17, Md.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

ALBANY, N. Y.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Albert Winkel

2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or location)

2136 N. Fulton Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-04

D. STREET ADDRESS (If rural, give location)

2136 N. Fulton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 7, 1884

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

insurance (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene J. Winkel

14. MOTHER'S MAIDEN NAME

Mary E. Walsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-03-4753

17. INFORMANT

ADDRESS

Mrs. Marie L. Winkel - 2136 N. Fulton Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3-3-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Mar. 2, 1953

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

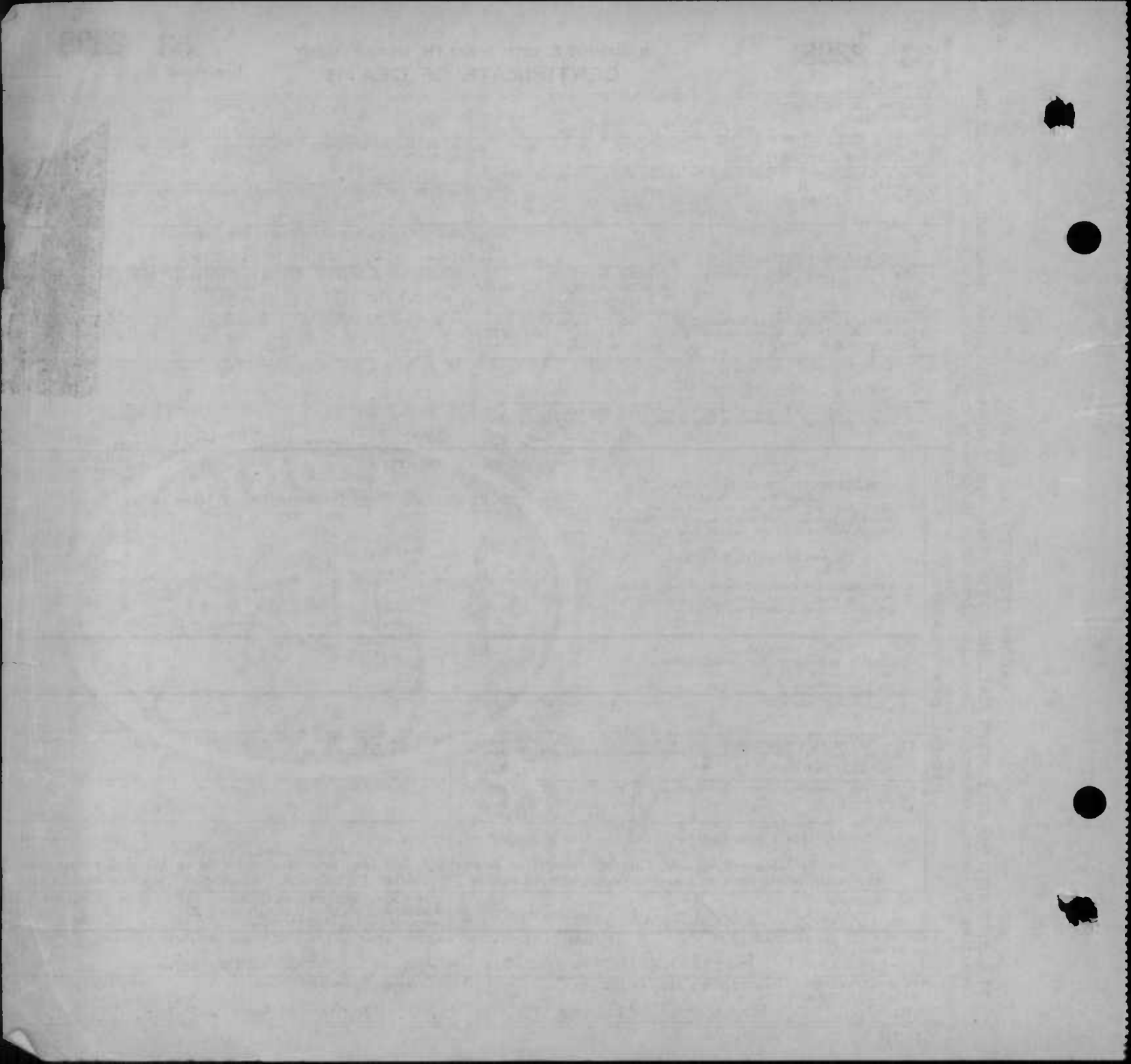
ADDRESS

Wm. J. Tickner & Sons - Balto. 17, Md.

VS 151

450 73

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2298
Registered No. 53-2298



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2299**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Lillian Reynolds*2. DATE OF DEATH *2/28/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

2075 Rockrose Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1831 Edmondson Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Single

8. DATE OF BIRTH

about 1867

9. AGE (If years, months, days)

about 86

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Employed

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Reynolds

14. MOTHER'S MAIDEN NAME

Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*E. Hardesty 6406 Murrays Hill Rd*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Coronary Thrombosis**3 weeks*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiac Disease

(C) DUE TO

*Vascular Disease**10 yrs*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Oct 1950* to *Feb 1953*, that I last saw the deceased alive on *Feb 27 1953*, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Donnell

23B. ADDRESS

7501 Jackson Rd. Trueman

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 3 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. M. Cook Inc. 1217 St. Paul St.

ADDRESS

DECLARATION OF DEATH

STATE OF NEW YORK

1950

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2300

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph E. Hanson

2. DATE
OF
DEATH

2/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1822 N. Charles St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
Balto 12-05

D. STREET ADDRESS (If rural, give location)

1822 N. Charles St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

8/14/1878

9. AGE (in years

last birthday)
74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk of Court

10B. KIND OF BUSINESS OR
INDUSTRY

Record Office

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles F. Hanson

14. MOTHER'S MAIDEN NAME

Mary A. Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

218-28-4573A

17. INFORMANT

Gabrey L. Hanson 11, Chas. St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Dilatation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Vascular Disease

DUE TO

(C)

1 hr

20 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24-52, 19, to 2-28-53, 1952, that I last saw the deceased alive on 2-27-53, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Friedman

23B. ADDRESS

404 E. North Ave

23C. DATE SIGNED

3-2-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 3 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Cook 1217 St. Paul St

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6-8-156
53 2301

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2301
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE RODE SHUPPNER

2. DATE OF DEATH
Feb. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

511 E. 42nd St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY
none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

511 E. 42nd St.

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 28, 1862

9. AGE (In years last birthday)

91

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William Henry Rode

14. MOTHER'S MAIDEN NAME

Rose Hempstider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles J. Schmidt

511 E. 42nd St.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) myocardial insufficiency
DUE TO

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) —
DUE TO
(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19/1953 to 2/28/1953, that I last saw the deceased alive on 2/27/1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. Willis Guyton

23B. ADDRESS

3961 Greenmount Ave.

23C. DATE SIGNED

3 - 2 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3 - 3 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 3 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

Ch: 4461

A 124
53 2302BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2302
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN Apicella

2. DATE
OF
DEATH

Mar. 1-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2904 Northern Parkway

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-07

D. STREET ADDRESS (If rural, give location)

2904 Northern Parkway

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 22-1866

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BANKER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Apicella

14. MOTHER'S MAIDEN NAME

VINCENZA Capola

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS 1314
Mr Albert Apicella - Crofton

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion
Coronary Disease

10 minutes

Unknown

ANTECEDENT CAUSES

DUE TO

(B)

Arterio-sclerosis

Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1952, to March 1, 1953, that I last saw the
deceased alive on March 1, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Philbert Artigiani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/4/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 1953

Huntington Williams, M.D.

J. Luck

5305 HARFORD RD

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Heligian!
3305 Mayfield

53 2303
BIRTH NO. 49-13294BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2303
Registered No.

1. NAME OF DECEASED (Type or Print) DELORES M. SCHUPPERT			2. DATE OF DEATH 3/1/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-10		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore RICHWOOD AVE		
c. Length of stay in Baltimore 3 years			D. STREET ADDRESS (If rural, give location) 723 Richwood Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6/20/49	9. AGE (In years last birthday) 3	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Geo Schuppert			14. MOTHER'S MAIDEN NAME HARRIET MCNALLY		
15. WAS DECEASED, EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT FATHER			ADDRESS SAME		

18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Lymphoblastic Leukemia			INTERVAL BETWEEN ONSET AND DEATH 9 mos.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO		
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/18/53 , 19__, to 3/1/53 , 19__, that I last saw the deceased alive on 3/1/53 , 19__, and that death occurred at 6 P m., from the causes and on the date stated above.					
23A. SIGNATURE Edmund J. Ruck M. D.			23B. ADDRESS 723 Richwood Ave		23C. DATE SIGNED 3/2/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/4/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) BALTO		24E. (State) MD			
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Edmund J. Ruck 5305 Bayfield	

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

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OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

53 2304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2304

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilhelm R. Ludwig

2. DATE
OF
DEATH

March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 1303 Wildwood Parkway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

81- Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1303 Wildwood Parkway

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Aug. 20, 1871

9. AGE (In years last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Body Corp.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl E. Ludwig

14. MOTHER'S MAIDEN NAME

Amelia T. Somers.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

12-14-3241 Mrs. Mildred T. Bauer 1303 Wildwood

17. INFORMANT

ADDRESS

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of lung

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Atherosclerotic Cardiovascular Disease

20 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic bronchitis

2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to Mar 1, 1953, that I last saw the deceased alive on Mar 1, 1953, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy R. Robinson M.D.

23B. ADDRESS

2835 Gwynn Falls Pkwy

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-4-1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville,

Md.

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

Dr. Cecil R. Robinson
2835 Gwynn Falls Pkwy 40.8984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2305

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Mason

2. DATE
OF
DEATH

2/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE4-01

D. STREET ADDRESS (If rural, give location)

211 W. Mulberry St.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONProvident Hospital

c. Length of stay in Baltimore

1.16Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/25/069. AGE (In years
last birthday)4610 Under 1 Year
Months: Days: Hours: Min.

13. FATHER'S NAME

John O. Mason

14. MOTHER'S MAIDEN NAME

Martha Robinson15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

150x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ca of the EsophagusINTERVAL BETWEEN
ONSET AND DEATHtwo months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/17/52

19B. MAJOR FINDINGS OF OPERATION

inoperable Ca of the esophagus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4/, 1953, to 2/26/, 1953 that I last saw the
deceased alive on 2/26/, 1953, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. P. Carter

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3/2/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)SHIPPED

24B. DATE

3/6/53

24C. NAME OF CEMETERY OR CREMATORY

WAYNESBORO. CEM.

24D. LOCATION (City, town, or county) (State)

WAYNESBORO.BURKE COUNTYGA.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William J. Jackson 916 Penna. ave

CERTIFICATE OF DEATH

ALL INFORMATION ON THIS CERTIFICATE IS FOR OFFICIAL USE ONLY

1. Name of Deceased

2. Date of Death

3. Place of Death

4. Cause of Death

5. Manner of Death

6. Signature of Physician

7. Signature of Registrar

8. Signature of Coroner

9. Signature of Medical Examiner

10. Signature of Funeral Home

11. Signature of Family

12. Signature of Other

13. Signature of Other

14. Signature of Other

15. Signature of Other

16. Signature of Other

17. Signature of Other

18. Signature of Other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STRATOS THAMEGOS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2306

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Stratis Thiamengos (Thamagus)</i>			2. DATE OF DEATH <i>2.28.1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Lutheran Hospital of Md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-06</i>		
c. Length of stay in Baltimore <i>50-</i>			D. STREET ADDRESS (If rural, give location) <i>5508 Morella Rd #14</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>1874-</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chef</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		
11. BIRTHPLACE (State or foreign country) <i>Greece</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>James -</i>			14. MOTHER'S MAIDEN NAME <i>LEOTSAKOS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Tom Hayes -</i>			ADDRESS <i>Some</i>		

18. <i>420-1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Ac. coronary occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>20 min.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>ASCVD</i>			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertrophic prostate; Bladder stone</i>			(C) _____		
19A. DATE OF OPERATION <i>2.25.53</i>			19B. MAJOR FINDINGS OF OPERATION <i>Hypertrophic prostate, Bladder stone</i>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2.20</i> , 19 <i>53</i> , to <i>2.28</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2.28</i> , 19 <i>53</i> , and that death occurred at <i>3.20</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>August Sorsar</i>			23B. ADDRESS <i>Lutheran Hosp. of Md.</i>		23C. DATE SIGNED <i>3.1.53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-4-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>LAMBROS Inc. 440 E. North Ave</i>	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1271

Chrysomelid



1271
Chrysomelid
1271
Chrysomelid

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2307
Registered No.

53 2307

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John P. Easter

2. DATE
OF
DEATH

March 1-1953

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

6418. Belair Rd

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto 27-05

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

6418. Belair Rd

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 27-1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

John Hoos Co. Employee

11. BIRTHPLACE (State or foreign country)

Balto City, Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Easter

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. John Easter 6418. Belair Rd

1B.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Hypertension cardio-
vascular renal disease

5 yrs.

DUE TO

(B)

carcinoma of prostate

8 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1945, to Mar. 1, 1953, that I last saw the
deceased alive on Mar. 1, 1953, and that death occurred at 2:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor, M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Mar. 3/1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/4/53

24C. NAME OF CEMETERY OR CREMATORY

Morland Memorial Park

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 7401 Belair Rd

Dr Saylor

3902 York Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

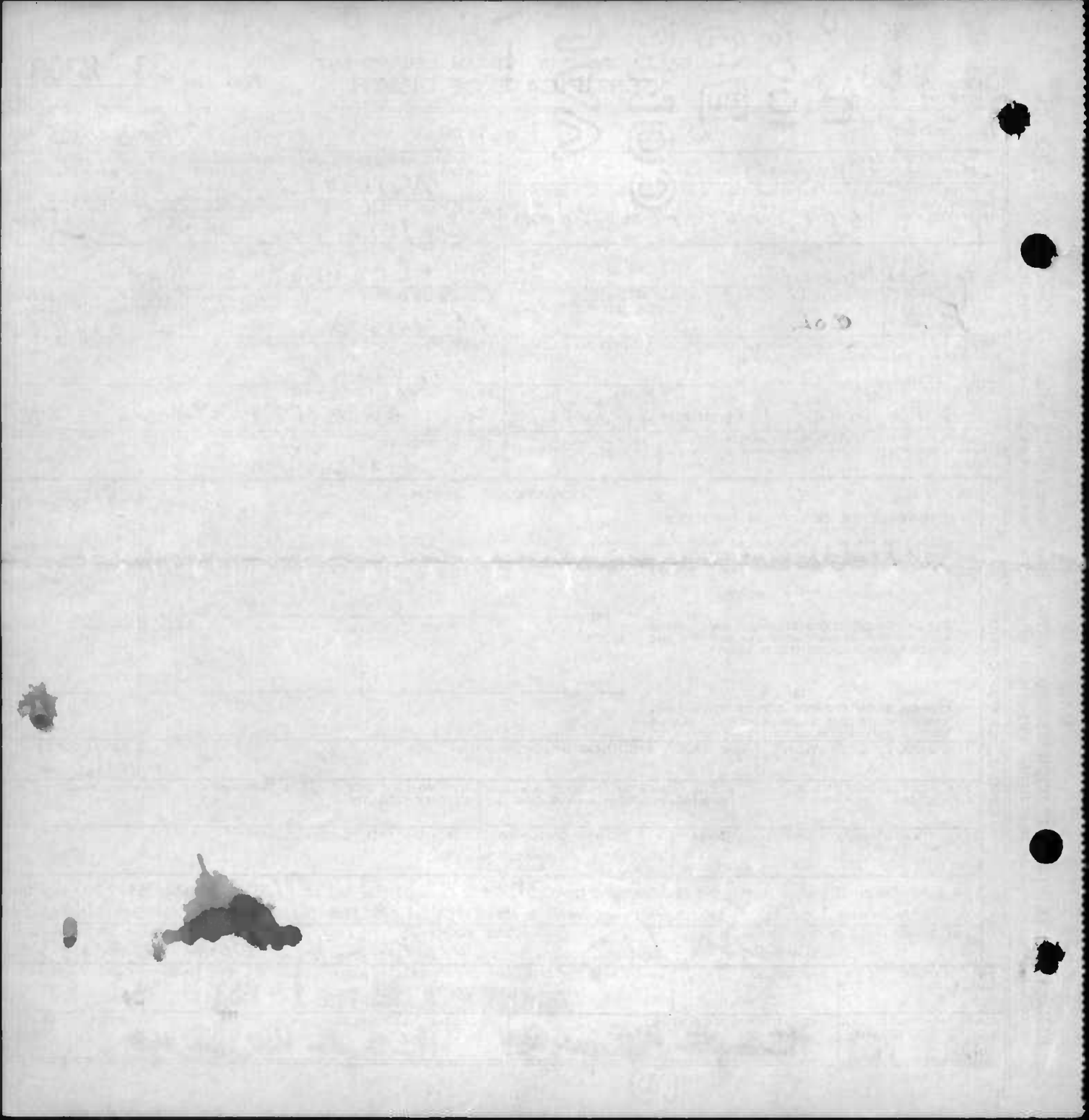
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2308

53 2308
BIRTH NO. 53-03787

1. NAME OF DECEASED (Type or Print) Baby Jarvis			2. DATE OF DEATH 17 Feb 53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 608 Chervaton Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 608 Chervaton Road		
5. SEX F.	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10 Feb 53	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Linwood Raymond Jarvis			14. MOTHER'S MAIDEN NAME Queen Elizabeth Barvett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Above		

18. 795.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UNKNOWN			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO			
			(B) DUE TO			
			(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10 Feb , 19 53 , to 17 Feb , 19 53 , that I last saw the deceased alive on 17 Feb , 19 53 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.						
23A. SIGNATURE Renold Bligh Isdon		23B. ADDRESS 501 Cherry Hill Road		23C. DATE SIGNED 17 Feb 53		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
				JOHN HOPKINS MEDICAL SCHOOL		FEB 18 1953
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2309
Registered No.53 2309
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles (Charlie) Threat Jr.</i>			2. DATE OF DEATH <i>2-27-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>917 N. Dallas St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>		
c. Length of stay in Baltimore <i>25 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>917 N. Dallas St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5-26-1908</i>	9. AGE (In years last birthday) <i>44</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Sum Office</i>	11. BIRTHPLACE (State or foreign country) <i>Richmond Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Charles Threat Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Paralee Owens</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-03-1889</i>	17. INFORMANT ADDRESS <i>Gladys Fowlkes 2924 Round Road 25</i>		
18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>hypertensive circulo-renal disease [uremia]</i> (B) (C) <i>cerebral hemorrhage 6/12/52</i>		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/9/52</i> , 19 <i>52</i> , to <i>2/27/53</i> , that I last saw the deceased alive on <i>2/26</i> , 19 <i>53</i> , and that death occurred at <i>2:52 P.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>			23B. ADDRESS <i>M. O.</i>		23C. DATE SIGNED <i>3-2-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-3-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mount Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Randolph J. Collick 1412 E. Preston St.</i>	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 2310**

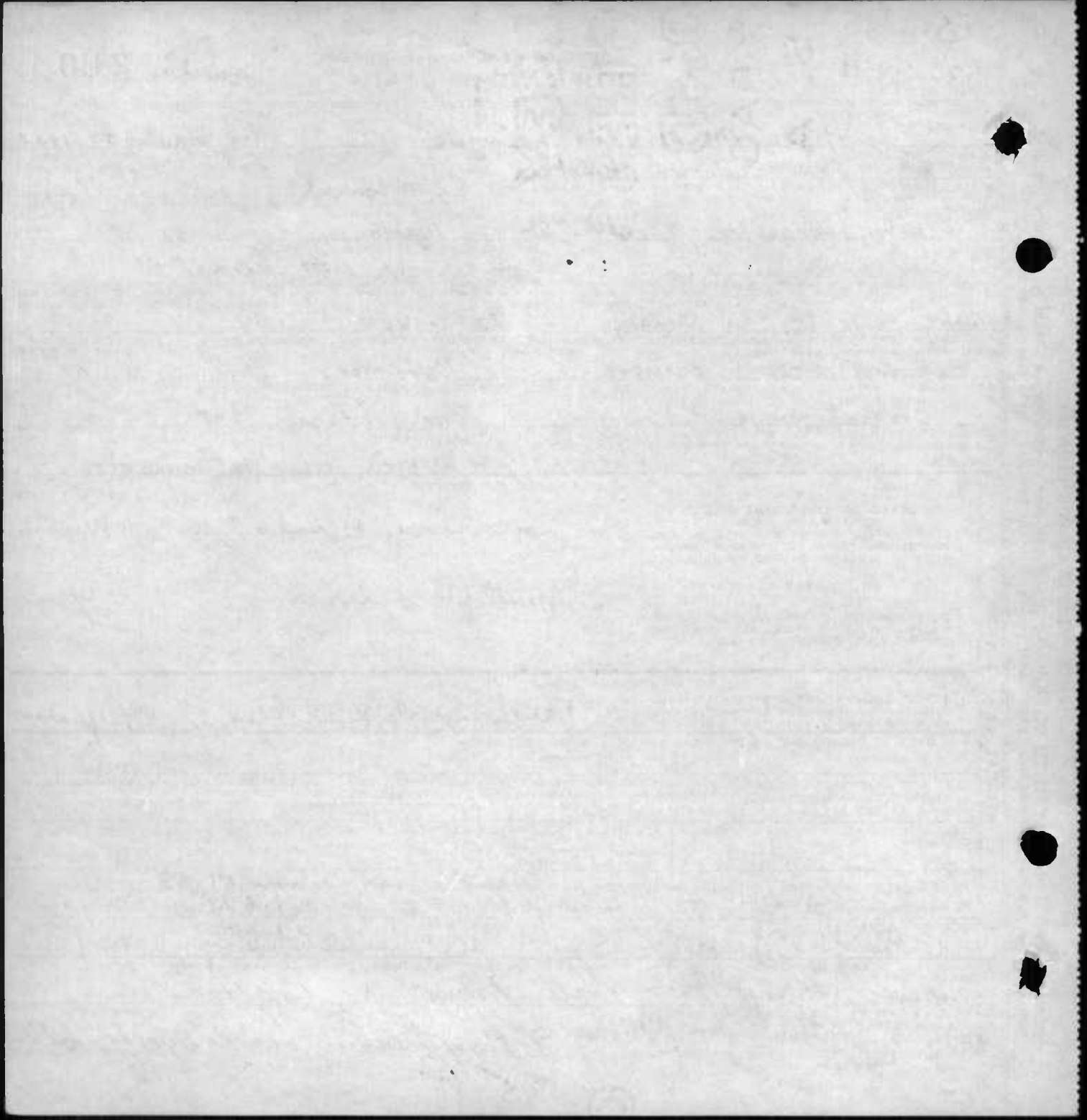
53 2310
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pattison, Mr Everard LeCompte			2. DATE OF DEATH February 27 - 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incurables, 700 W. 40th St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) - 1101 St Calvert St		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 1 - 1885	9. AGE (in years last birthday) 67	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer (Retired)			10B. KIND OF BUSINESS OR INDUSTRY Engineer		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Everard Keene Pattison			14. MOTHER'S MAIDEN NAME Emily Francis Post		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ✓		
17. INFORMANT G. Walter			ADDRESS Home for Incurables		

18. 345X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 minute
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple Sclerosis			20 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Trigeminal Neuralgia			4 years
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 4, 1942 , to February 27, 1953 , that I last saw the deceased alive on February 26, 1953 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE W. G. Hoffman, Jr.	M. D.	23B. ADDRESS 214 Medical Arts Bldg.	23C. DATE SIGNED 2/28/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 4/53	24C. NAME OF CEMETERY OR CREMATORY Green Mount	24D. LOCATION (City, town, or county) (State) Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co 4905 York Rd	

VS 150

58399



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-340
53 2311

NEEDEL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

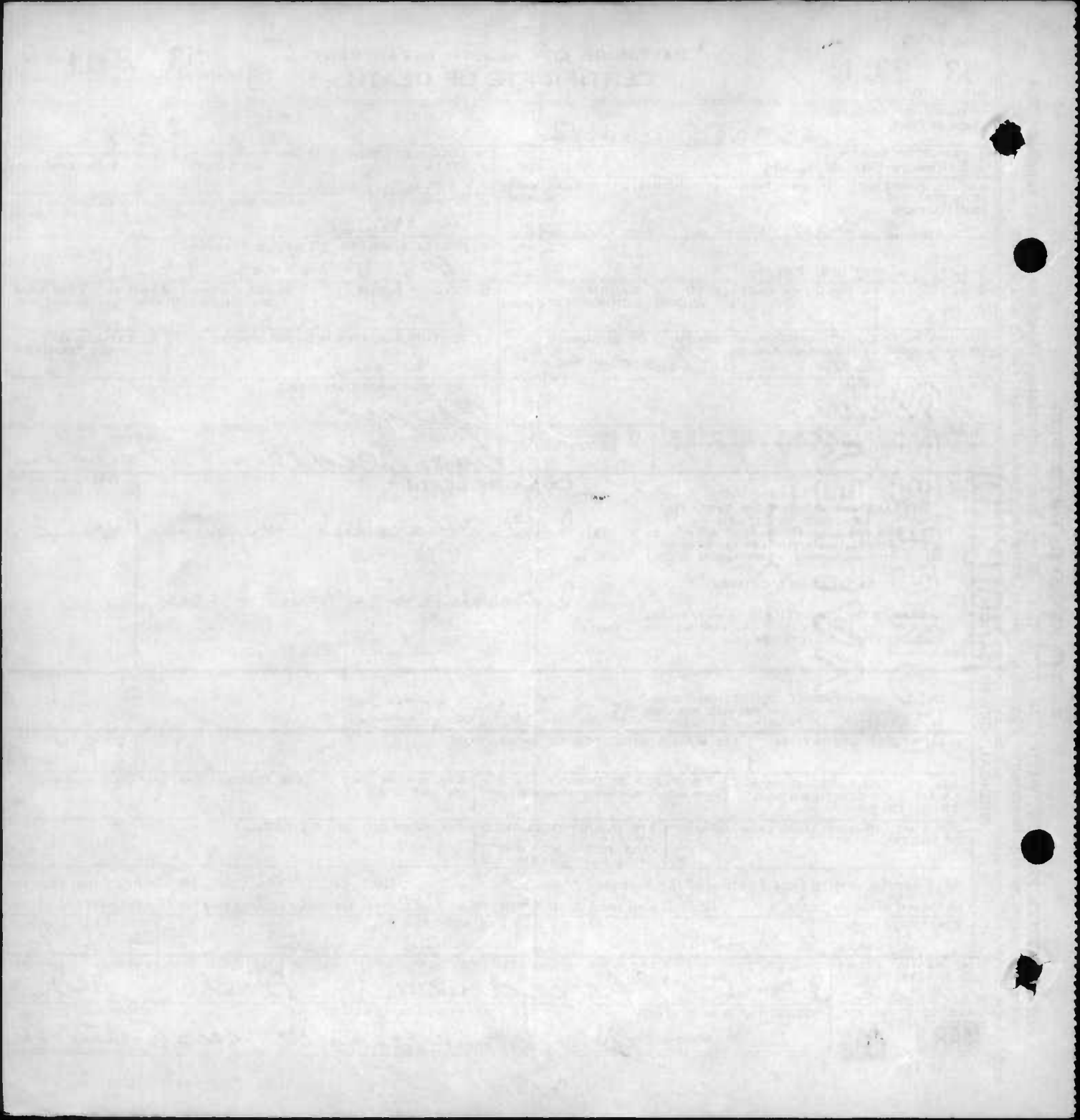
53 2311
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ISRAEL NEEDEL			2. DATE OF DEATH 3/2/53					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore								
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05								
c. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 508 S. Pulaski Street								
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m		8. DATE OF BIRTH		9. AGE (In years last birthday) 64		10. Under 1 Year Months Days		10. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10B. KIND OF BUSINESS OR INDUSTRY Grocer			11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Nathane			14. MOTHER'S MAIDEN NAME Chia			15. INFORMANT Eva Needel			ADDRESS Home		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT			ADDRESS		
18. 420.0 and 260x			CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Acute Myocardial Infarction						1 month		
ANTECEDENT CAUSES			(B) Intermederate Heart Disease								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Diabetes Mellitus								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/1 , 19 53 , to 3/2 , 19 53 , that I last saw the deceased alive on 3/1 , 19 53 , and that death occurred at 7:45 A. , from the causes and on the date stated above.											
23A. SIGNATURE Julius S. Prier			M. D.			23B. ADDRESS Sinai Hospital			23C. DATE SIGNED 3/2/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3-3-53			24C. NAME OF CEMETERY OR CREMATORY Rosedale			24D. LOCATION (City, town, or county) (State) Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953			REGISTRAR'S SIGNATURE Huntington Williams			25. FUNERAL DIRECTOR Wm. C. Lewis			ADDRESS 2100 Eutan Rd		

VS 150

2906A

MARGIN RESERVED FOR BINDING



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2312
Registered No. _____

53 2312
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SYLVESTER JOHN PESCHEL			2. DATE OF DEATH March 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Wisconsin B. COUNTY V-46		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sturgeon Bay		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 634 N. 4th Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	B. DATE OF BIRTH 12/18/04		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) peckhand		10B. KIND OF BUSINESS OR INDUSTRY seafarer	11. BIRTHPLACE (State or foreign country) Wisc.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wenzel Peschel			14. MOTHER'S MAIDEN NAME Anna Paul		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 394-03-9522	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) carcinoma bladder with widespread metastases DUE TO _____				INTERVAL BETWEEN ONSET AND DEATH 12 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Mar 1 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 9 1952 to Mar. 1 1953 that I last saw the deceased alive on Mar 1 1953 and that death occurred at 7:15A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 3/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-6-53		24C. NAME OF CEMETERY OR CREMATORY Sturgeon Bay	
				24D. LOCATION (City, town, or county) (State) Sturgeon Bay Wisconsin	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Howard H. Hubbard		25. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 2503 Edmondson Ave	

RECEIVED

OFFICE OF THE SECRETARY

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-612

HREBIK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2313
Registered No.

53 2313
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Hrebik</i>			2. DATE OF DEATH <i>Feb. 28, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Md. Opl 6</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24</i>		
c. Length of stay in Baltimore <i>55 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>304 Oriole Ave 5300</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-12-1885</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired - tailor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Goldsmith Tailoring</i>		
11. BIRTHPLACE (State or foreign country) <i>Czechoslovakia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Vaclav Hrebik</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Krenec</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>218-07-0855</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Left middle cerebral artery thrombosis</i>			CAUSE OF DEATH (A) <i>Left middle cerebral artery thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive + arteriosclerotic cardiovascular disease</i>			(B) <i>Hypertensive + arteriosclerotic cardiovascular disease</i>			(C) <i>unknown.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>2-21-</i> , 19 <i>53</i> to <i>2-28-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-28-</i> , 19 <i>53</i> , and that death occurred at <i>9:40 a.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Richard A. Teich</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			23C. DATE SIGNED <i>2/28/53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>			24B. DATE <i>Mar. 3, 1953</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Crematorium</i>		
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>			25. FUNERAL DIRECTOR <i>Schimanek Funeral Home, Inc.</i>			ADDRESS <i>2601-3-5 E. Madison St.</i>		

MAR 3 1953
VS 150

59046

CERTIFICATE OF DEATH

CITY OF CHICAGO

DEPT. OF HEALTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

DEATH

INTERVIEW

REPORT

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

DEATH

INTERVIEW

REPORT

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANGELA

STRICKER

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

616 Warwick Road

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 27, 1914

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Borman

14. MOTHER'S MAIDEN NAME

Gliz. Volker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Teresa M. Stricker - 1417 Hanover St.

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

616 Warwick Road-Baltimore County

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 2, 1953 3:00 A.M.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Conflagration

5352

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 2, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Balto.

(State)

md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 1953

Huntington Williams, M.D.

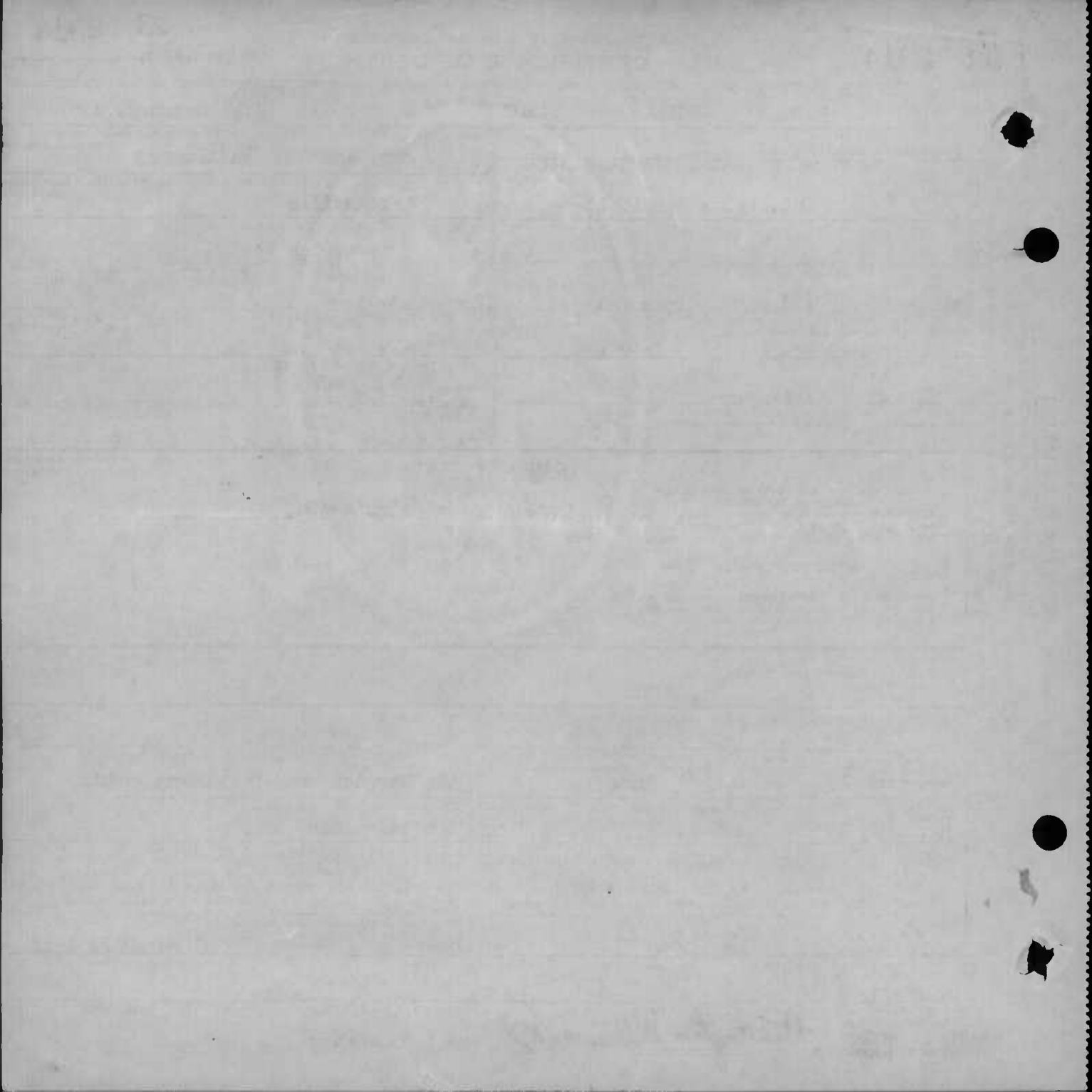
John T. Stansbury 2200 Edmondson Ave.

VS 151

N 968X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



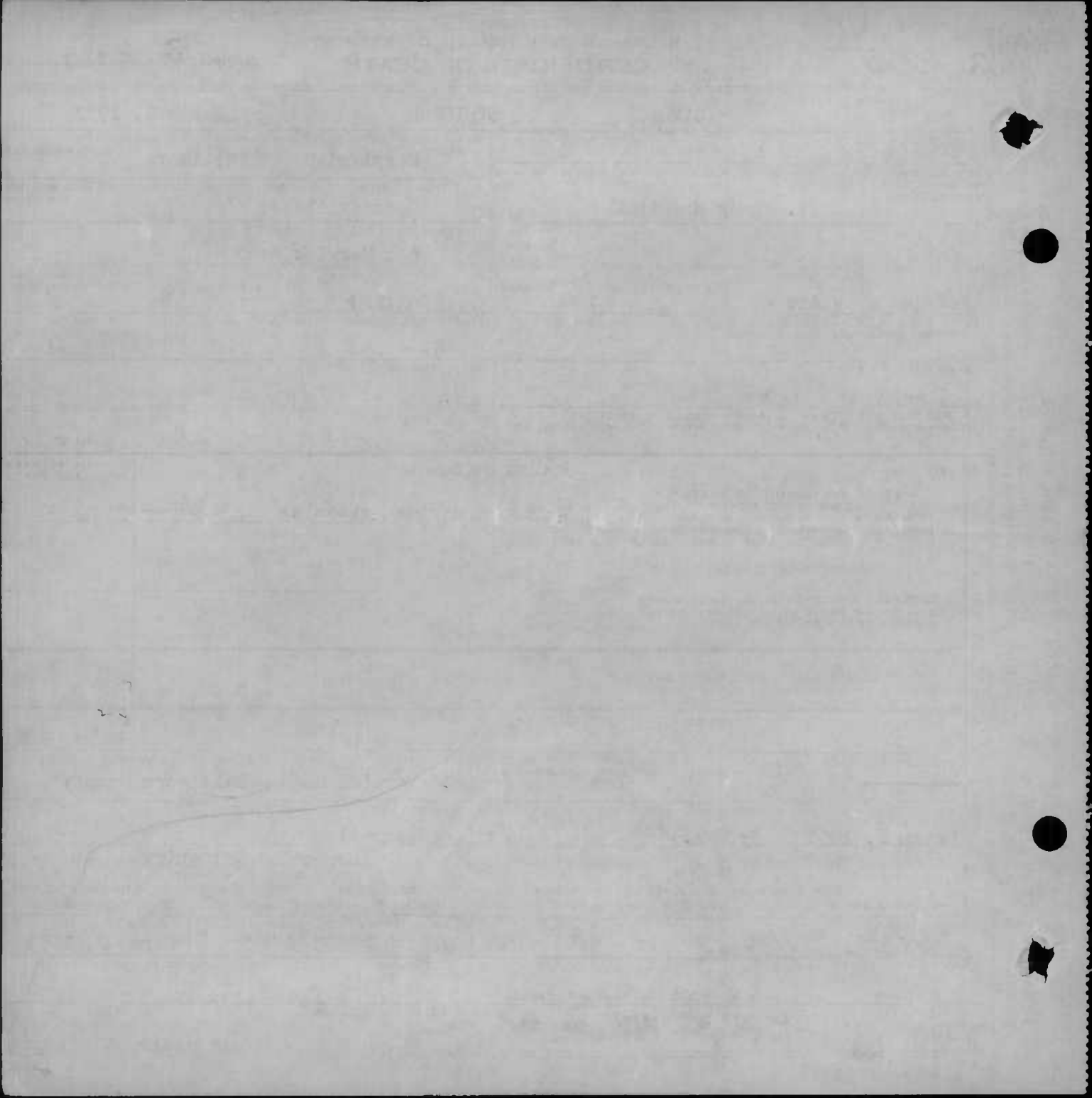
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2315

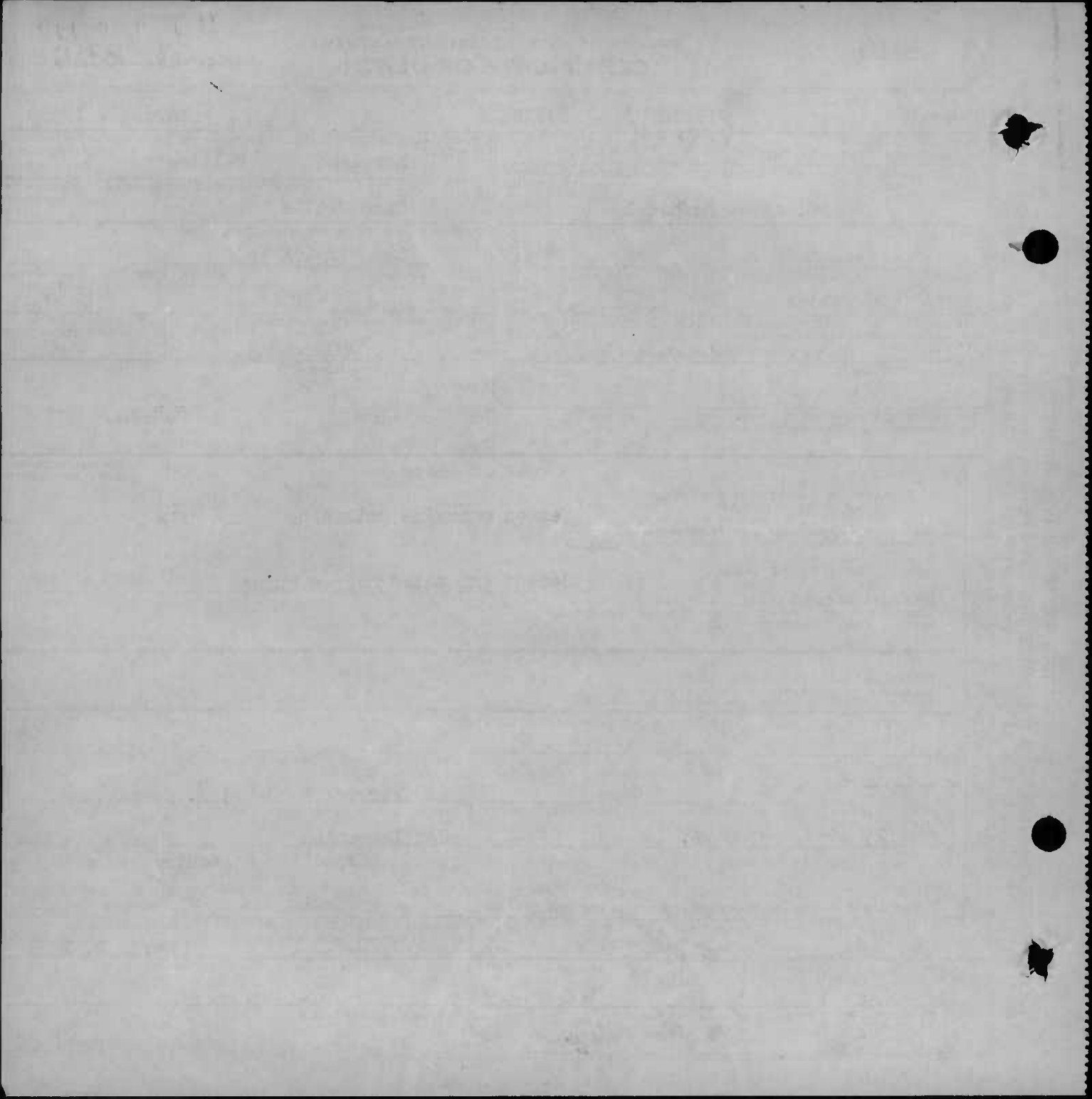
BIRTH NO. <u>53 2315</u>		BIRTH NO. <u>52-21755</u>	
1. NAME OF DECEASED (Type or Print) CANDICE (CANDACE) STRICKER		2. DATE OF DEATH March 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 616 Warwick Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Sept. 14, 1953
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 5 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Irvin Stricker		14. MOTHER'S MAIDEN NAME Angela Borman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Teresa M. Stricker		ADDRESS 1417 Hanover St.	
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carbon monoxide poisoning DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21C. WHERE DID INJURY OCCUR? 616 Warwick Road - Baltimore County		21D. TIME (Month) (Day) (Year) (Hour) of INJURY March 2, 1953 3:00 A.M.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? 5352 Conflagration	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED March 2, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 5, 1953	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR John T. Stansbury		ADDRESS 2700 Edmondson Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2316

BIRTH NO.		1. NAME OF DECEASED (Type or Print) IRVING STRICKER		2. DATE OF DEATH March 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 616 Warwick Road			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 2, 1911	9. AGE (In years last birthday) 41	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chem. Engineer		10B. KIND OF BUSINESS OR INDUSTRY Procter & Gamble		11. BIRTHPLACE (State or foreign country) Balto. Maryland	
13. FATHER'S NAME Henry J. Stricker		14. MOTHER'S MAIDEN NAME Teresa M. Schutte		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 215-03-6300		17. INFORMANT Mrs. Teresa M. Stricker - 1417 Hanover St.	
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carbon monoxide poisoning DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Second and third degree burns DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION March 2, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 616 Warwick Road-Balto. County, Md.	
21D. TIME (Month) (Day) (Year) (Hour) March 2, 1953 3:00 A.m.		21E. INJURY OCCURRED OF INJURY WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Conflagration 5352	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED March 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 5, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953		REGISTRAR'S SIGNATURE Theresa M. Stricker		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
VS 151 N968.2		25. FUNERAL DIRECTOR John T. Stansbury		ADDRESS - 2700 Edmondson Ave.	

0424R



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

53 2317

53 2317

1. NAME OF DECEASED
(Type or Print)

Owens Foster

2. DATE OF DEATH
Feb. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

637 George St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

637 George St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 22, 1896

9. AGE (in years last birthday)

57

10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Owens Foster

14. MOTHER'S MAIDEN NAME

Edna Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Laura Foster 637 George St

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **2/19**, 19**53**, to **2/27**, 19**53**, that I last saw the deceased alive on **2/27**, 19**53**, and that death occurred at **1:00** p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Beard R. Little Sr.

M. D.

2139 2nd St. S.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-3-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 1953

Huntington Williams, M.D., Registrar, 578 E. Biddle St.

VS 150

780 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

13 517

RECEIVED
COMMUNICATIONS SECTION
U.S. AIR FORCE

13 517

1951.12.18

General Taylor

My dear General:

Very cordially

Dec. 18, 1951

Colonel

My dear General:

Very cordially

John H. Taylor

General Taylor

Mr. James Taylor, 537 1/2

General Taylor

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

Very cordially

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53, 2318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie M. Hahn

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

5440 Belair Rd.
Gardenville Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

17 S. Washington St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 26, 1875

9. AGE (In years last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

hat presser

10B. KIND OF BUSINESS OR INDUSTRY

Styrew-hat mfg.

11. BIRTHPLACE (State or foreign country)

St. Mary's Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rueben Hahn

14. MOTHER'S MAIDEN NAME

Rebbica P.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Kraft 5440 Belair Rd.

ADDRESS

18. 260X and 204.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

II

(C)

Diabetes Mellitus mild

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Lymphatic Leukemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 17, 1953, to March 2, 1953, that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 5:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Surief

M. O.

23B. ADDRESS

4200 Parkwood Ave

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-4-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery Baltimore Md.

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elmer W. Conklin 5444 Belair

ADDRESS

MAR 3 1953

On Denick Ave. 9-20
\$2.00 per wood box 7-9

Le 1512

Denick Ave.

Denick Ave.

Denick Ave.

Denick Ave.

Denick Ave.

Denick Ave.

Denick Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2319**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Margaret Seitz*2. DATE
OF
DEATH*2-28-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Melcher Nursing Home*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md

D. STREET ADDRESS (If rural, give location)

2215 Eastern Ave

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*8-13-91*9. AGE (In years,
last birthday)*61*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Charwoman*10B. KIND OF BUSINESS OR
INDUSTRY*Md Trust Co.*

11. BIRTHPLACE (State or foreign country)

*Baltimore -*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Joseph Seitz (Bank)

14. MOTHER'S MAIDEN NAME

*Regina Kellner*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)*(If yes, give year or dates of service)*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Margaret M. Resner**same*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage*

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertension cardiovascular disease*

DUE TO

15 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept. 1952* to *Feb. 28, 1953* that I last saw the
deceased alive on *Feb. 28, 1953*, and that death occurred at *4:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Geo. D. Libby

M. D.

23B. ADDRESS

426 S. Patterson Park Ave

23C. DATE SIGNED

*3/2/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-4-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

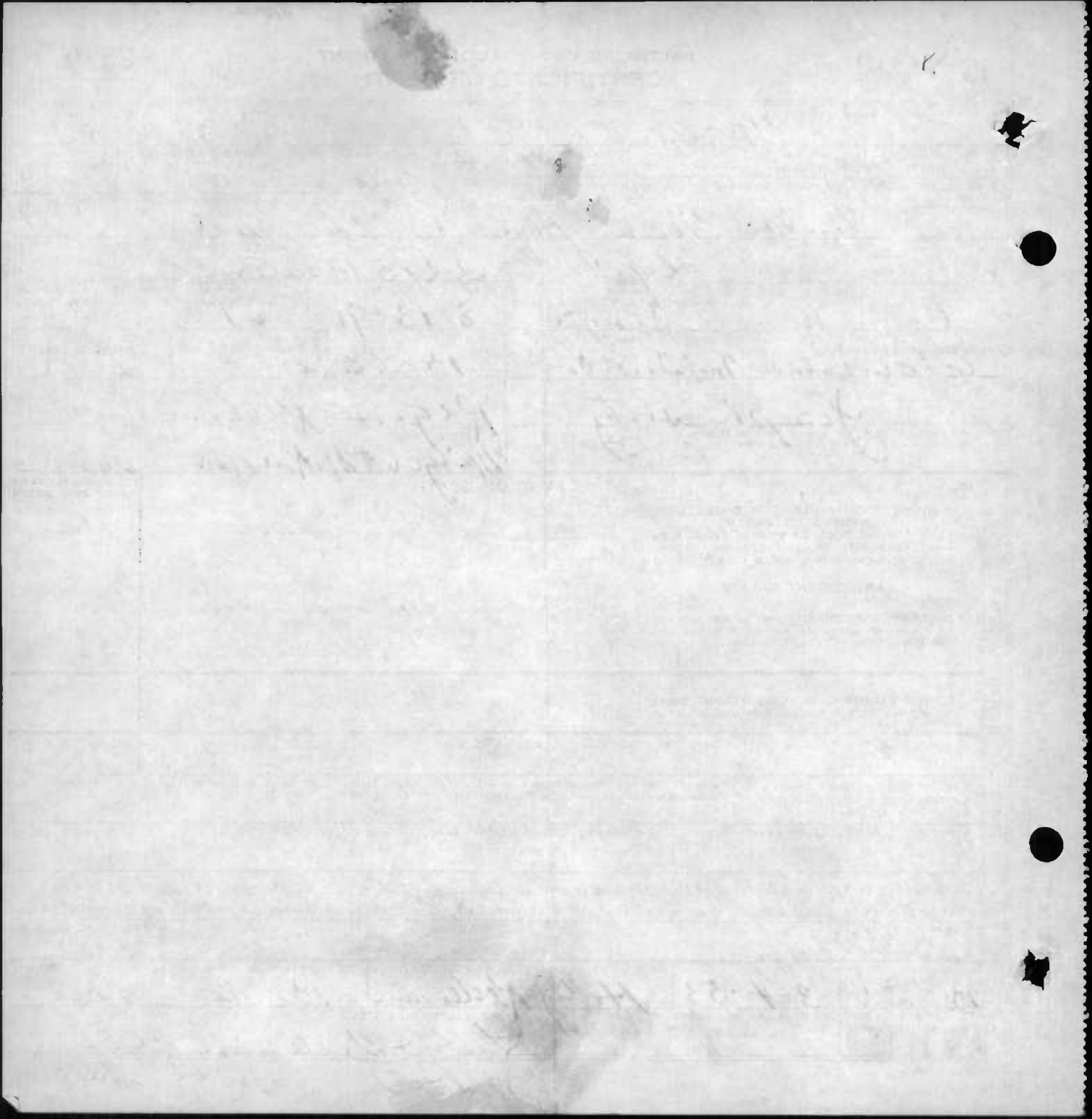
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Libby + Ziller ch 463-S.



53 2320

53 2320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Virginia Seeger

2. DATE
OF
DEATH March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3407 W. Rogers Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3407 W. Rogers Ave.

c. Length of stay in Baltimore

8

Yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 1, 1877

9. AGE (In years
last birthday)

75 yrs

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harrod Tilghman

14. MOTHER'S MAIDEN NAME

Sarah Nash

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mrs. Georgia E. Staiti, 3407 W. Rogers Ave

18. 481X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) - Cerebral Hemorrhage
DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) - Influenza
DUE TO

2 weeks

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

- Generalized Arteriosclerosis

2 yrs

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK ☐ NOT WHILE
AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1953, to March 1, 1953, that I last saw the
deceased alive on March 1, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chamberlain

23B. ADDRESS

M. D.

4108 Liberty Heights Ave.

23C. DATE SIGNED
3/2/53.24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR

ADDRESS

4510 Liberty
Heights Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-28 82

1944/11/11

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1001.1.1.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2321**

BIRTH NO. **53 2321**

1. NAME OF DECEASED
(Type or Print)

ROSALIE HOLLOMON

2. DATE
OF
DEATH

2/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

419 N. CAREY ST

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **1125 HARLEM AVE**

c. Length of stay in Baltimore

25 YRS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/9/1910

9. AGE (In years last birthday)

42

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

BERRYVILLE, VA.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DAVID DOLEMAN

14. MOTHER'S MAIDEN NAME

DAISY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHN HOLLOMON (H) 419 N. CAREY ST.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Heart Coronary Artery Disease* **3 hours**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Endo Vascular* **any**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from **Feb 8**, 19**53** to **Feb 28**, 19**53** that I last saw the deceased alive on **Feb 25**, 19**53** and that death occurred at **1A** m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Watts

23B. ADDRESS

5154 Belton

23C. DATE SIGNED

3/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/4/53

24C. NAME OF CEMETERY OR CREMATORY

MILTON VALLEY CEM

24D. LOCATION (City, town, or county)

BERRYVILLE, VA.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 3 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles H. Orf 512 Cambridge

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK
CERTIFICATE OF DEATH

LOCALITY: RICHMOND

DECEASED: J. J. HALL

11 S. HALL ST.

BIRTH: 1870

AGE: 40 YRS.

SEX: M.

DATE OF DEATH: 1910

CAUSE OF DEATH: DISEASE

NO.

DECEASED: J. J. HALL

RESIDENCE: RICHMOND

DATE OF DEATH: 1910

DATE OF DEATH: 1910

DATE OF DEATH: 1910

DECEASED: J. J. HALL

DATE OF DEATH: 1910

DATE OF DEATH: 1910

DECEASED: J. J. HALL

DATE OF DEATH: 1910

DATE OF DEATH: 1910

DATE OF DEATH: 1910

53 2322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2322

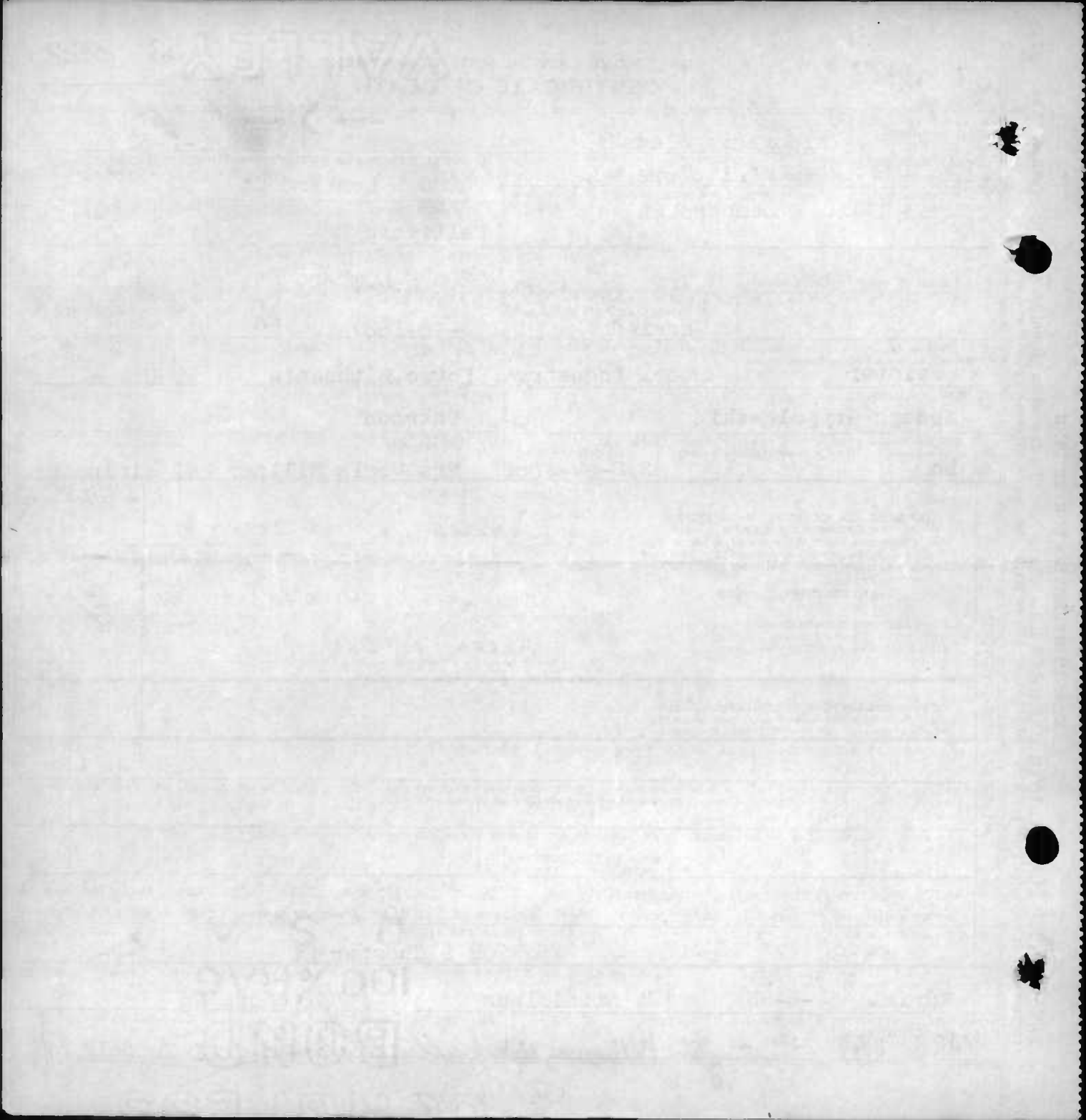
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Isidor Grygolewski			2. DATE OF DEATH 3-2-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) a. STATE MD b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 2205 E Lombard St			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Md		
c. Length of stay in Baltimore 30 Yrs			d. STREET ADDRESS (If rural, give location) 2205 E Lombard St		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-18-1887	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY Steel Industry		
11. BIRTHPLACE (State or foreign country) Kovno, Lithuania			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Joseph Grygolewski			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 2I3-07-8086		
17. INFORMANT Mrs Viola Willner			ADDRESS 241 Elrino St		

18. 350X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) TERMINAL BRONCHO-PNEUMONIA		2 DAYS	
DUE TO		(B) PARKINSON'S DISEASE		8/3/52	
DUE TO		(C) ARTERIOSCLEROSIS		???	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 3 , 19 52 , to March 2 , 19 53 , that I last saw the deceased alive on March 2 , 19 53 , and that death occurred at 9:30 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph F. Deanga		23B. ADDRESS 209 S Chester St		23C. DATE SIGNED 3-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-6-53		24C. NAME OF CEMETERY OR CREMATORY St Stanislaus	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Walter Labruski		ADDRESS 1001 Dundalk Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			



53 2323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2323

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Charles E. Whitcomb*2. DATE
OF
DEATH*3/3/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Md.**Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*University Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Owings Mills

D. STREET ADDRESS (If rural, give location)

5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, ~~MARRIED~~
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*Sept 3 1911*9. AGE (in years
last birthday)*41*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Truck Driver Self Employed*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balto. Co*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H Whitcomb

14. MOTHER'S MAIDEN NAME

*Anna Deihl*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.*212-26-7771*

17. INFORMANT

ADDRESS

Zelline Whitcomb Owings Mills Md

18.

416x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Multiple Embolic Phenomenon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial Thrombosis

(C)

Rheumatic Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/2*, 1953, to *3/3*, 1953, that I last saw the
deceased alive on *3/2*, 1953, and that death occurred at *4:30* am., from the causes and on the date stated above.

23A. SIGNATURE

L. W. Elgin, Jr.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*3/3/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Mar. 6, 53

24C. NAME OF CEMETERY OR CREMATORY

Reisterstown Methodist

24D. LOCATION (City, town, or county)

Baltimore County

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 3 1953*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. F. Elgin & Sons Reisterstown Md

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2324

BIRTH NO. 53 2324

1. NAME OF DECEASED
(Type or Print)

Joseph C. Manges

2. DATE
OF
DEATH

Mar. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION South Baltimore General Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

203 E. Hillcrest Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 7, 1877

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Huckster (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Vegetables

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Josiah Manges

14. MOTHER'S MAIDEN NAME

Susan Bender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

Span. Am.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Kenneth Manges-4701 Ritchie Highway

1B.

420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Corary Occlusion

DUE TO

(B)

Anterior Myocardial C. V. Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 hr -

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1951, to Feb. 27, 1953, that I last saw the deceased alive on Feb. 27, 1953, and that death occurred at 3:30 p.m.; from the causes and on the date stated above.

23A. SIGNATURE

Paul Lulien

23B. ADDRESS

320 Pappas Ave

23C. DATE SIGNED

3/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Fishertown Cem.

24D. LOCATION (City, town, or county)

Fishertown, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 3 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickney & Sons

ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(also) LIZZIE LAMBERT WELLS ROMOSER (Bessie L. Wells)

2. DATE
OF
DEATH

Feb. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2218 W. North Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2218 W. North Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Oct. 4, 1876

9. AGE (In years last birthday)

76

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Rusk Wells

14. MOTHER'S MAIDEN NAME

Elizabeth Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Blatchley - 2218 W. North Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertension Cardio Vascular Disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerosis - generalized

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 3, 1953, to Feb. 18, 1953, that I last saw the deceased alive on Feb. 27, 1953, and that death occurred at 8:44 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Needles

23B. ADDRESS

4215 Park Heights Tr

23C. DATE SIGNED

3/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 150

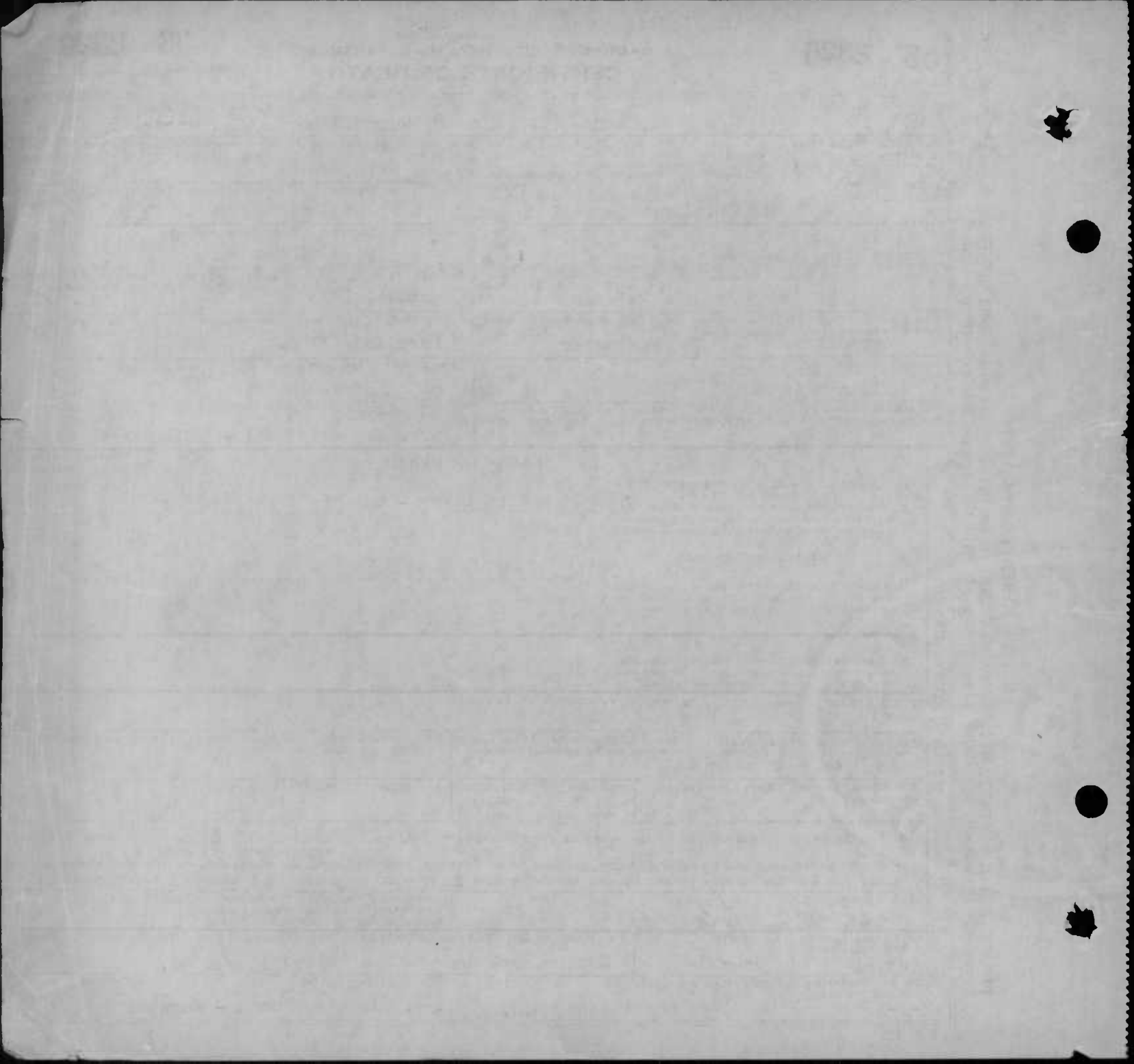
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct way is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-260		CERTIFICATE CORRECTED 3-3-53		53 2326		BALTIMORE CITY HEALTH DEPARTMENT		53 2326	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.					
1. NAME OF DECEASED (Type or Print)				John Fischer - (John Ernest Henry Fisher)				2. DATE OF DEATH Feb. 28th 9-1-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.				B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				25-33	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2401 Kloman St.					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 24, 1893		9. AGE (In years last birthday) If Under 1 Year Months Days		If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compositor				10B. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Fischer				14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. C. Davis Ruhl - 5001 Ready Ave.			
18. CAUSE OF DEATH								INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty Liver - Chronic Alcoholism DUE TO									
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. DUE TO									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .									
23A. SIGNATURE William Williams				23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3-4-53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem		24D. LOCATION (City, town, or county) Baltimore, Md.		(State)	
DATE RECEIVED BY LOCAL REGISTRAR 3-3-53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tickner & Sons		ADDRESS North & Penna. Ave			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2327
Registered No.

1. NAME OF DECEASED (Type or Print)		HELEN NEWHAUSE		2. DATE OF DEATH March 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 2134 Orleans Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 5-1904	9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.
13. FATHER'S NAME Charles H. Frazier			14. MOTHER'S MAIDEN NAME Minnie Nuthall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Rose Gunther 2134 Orleans St.	

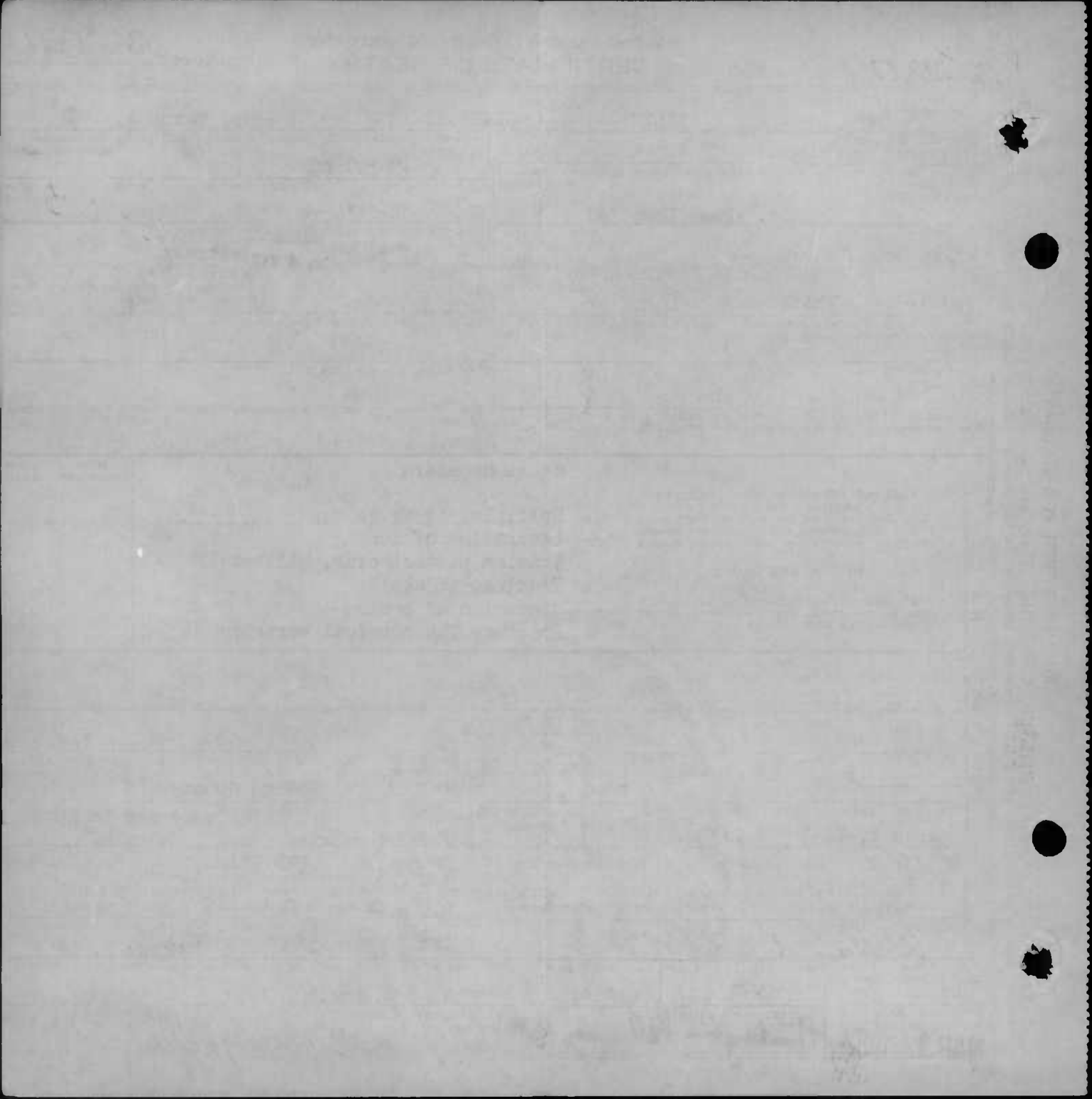
18. E 822.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Multiple rib fractures Laceration of lung Tension pneumothorax, bilateral Fracture of skull			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Contusion of brain Fracture 7th cervical vertebra			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rt. 29, Howard County 6300	
21D. TIME (Month) (Day) (Year) (Hour) March 1, 1953 2:30P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto which overturned	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 2, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 5-1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk. Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR John L. Miller		24H. ADDRESS 2334 Jefferson St.		VS 151 N 804.2	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2328**

BIRTH NO. **3 2328**

1. NAME OF DECEASED
(Type or Print)

R. Elizabeth Arens

2. DATE OF DEATH

March 2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1123 1/2 Eulaw

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Cecil Apts.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1123 1/2 Eulaw

C. Length of stay in Baltimore

Life

5. SEX

Female

white

none

none

none

none

none

none

none

none

none

none

none

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none

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

none

none

none

none

none

none

none

none

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8. DATE OF BIRTH

Sept 2/1856

96

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9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

12. Under 1 Year

13. Under 24 Hours

14. Under 1 Year

15. Under 24 Hours

16. Under 1 Year

17. Under 24 Hours

18. Under 1 Year

19. Under 24 Hours

20. Under 1 Year

21. Under 24 Hours

22. Under 1 Year

23. Under 24 Hours

24. Under 1 Year

25. Under 24 Hours

26. Under 1 Year

27. Under 24 Hours

28. Under 1 Year

29. Under 24 Hours

30. Under 1 Year

31. Under 24 Hours

32. Under 1 Year

33. Under 24 Hours

34. Under 1 Year

35. Under 24 Hours

36. Under 1 Year

37. Under 24 Hours

38. Under 1 Year

39. Under 24 Hours

40. Under 1 Year

41. Under 24 Hours

42. Under 1 Year

43. Under 24 Hours

44. Under 1 Year

45. Under 24 Hours

46. Under 1 Year

47. Under 24 Hours

48. Under 1 Year

49. Under 24 Hours

50. Under 1 Year

51. Under 24 Hours

52. Under 1 Year

53. Under 24 Hours

54. Under 1 Year

55. Under 24 Hours

56. Under 1 Year

57. Under 24 Hours

58. Under 1 Year

59. Under 24 Hours

13. FATHER'S NAME

Henry Arens

14. MOTHER'S MAIDEN NAME

Emma Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Fidelity Trust Co. Balto.

ADDRESS

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Myocardial insufficiency

INTERVAL BETWEEN ONSET AND DEATH

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

*Senile arteriosclerosis
Hypertension*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 18* 19*53*, to *Mar. 2* 19*53*, that I last saw the deceased alive on *Mar. 2* 19*53*, and that death occurred at *10:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul H. Clough

23B. ADDRESS

24 E. Eager St Balto.

23C. DATE SIGNED

Mar 3, '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mar 3 1953

Huntington Williams, 1200 E. Eager St. Balto.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2329
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amanda Virginia Cockey

2. DATE
OF
DEATH

March 2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1700 Park Avenue*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Wheeler Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 14-01

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1423 Linden Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

November 18-1872

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edward Cropper

14. MOTHER'S MAIDEN NAME

Ida D. Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mr. Charles B. Cockey (husband)

ADDRESS

Linden Ave

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis 5-6 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Cerebral Arterio-sclerosis Gradual

(B)

Myocarditis

DUE TO

Hypertension

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1940 to *Mar 2*, 1953 that I last saw the deceased alive on *3/1*, 1953, and that death occurred at *44* m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Hoody

23B. ADDRESS

1403 Park Ave

23C. DATE SIGNED

3-2-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar - 4 - 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 3 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stewart & Mowen Co.

ADDRESS

108 W. North Ave.

City #1.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

MALDEN CITY HEALTH DEPARTMENT

DATE OF DEATH

1958 85



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2330

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Alice Hawkins

2. DATE
OF
DEATH

3-2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3317 DEVONSHIRE DRIVE

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

LIFETIME Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3317 DEVONSHIRE DRIVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

10 Oct 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ANDREW B. REYNOLDS

14. MOTHER'S MAIDEN NAME

MARY ISACCS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LOUIS F. HAWKINS 6600 San Oak Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arteriosclerotic heart disease 3 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 yrs, 1953, to _____, 19____, that I last saw the
deceased alive on 1 Mar, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Paul H. Rayse

23B. ADDRESS

Pikesville 8 Md

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-4-1953

24C. NAME OF CEMETERY OR CREMATORY

LODON PK.

24D. LOCATION (City, town, or county)

BALTIMORE MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McElly 130 E FORTA

BALTIMORE CITY HEALTH DEPARTMENT				53 2331	
CERTIFICATE OF DEATH				Registered No. 53 2331	
BIRTH NO. 53-04767					
1. NAME OF DECEASED (Type or Print) Baby Boy Truett				2. DATE OF DEATH Feb. 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Md				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08	
C. Length of stay in Baltimore 1				D. STREET ADDRESS (If rural, give location) 2217 Homewood Ave	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-27-53	9. AGE (in years last birthday) —	10. Under 1 Year Months: Days — — 24 33
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clyde Edward Truett			14. MOTHER'S MAIDEN NAME Dolores HURTT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS Dolores Truett 2217 Homewood		
18. 763.5 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bacterial pneumonia DUE TO Pneumatury ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONCOITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 27, 1953 to Feb 28, 1953, that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 1:40 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Riley, Jr.			23B. ADDRESS		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) MAR 3 1953		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL MAR 3 1953		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Huntington Williams, M.D.	

122

122

RECEIVED BY THE

OFFICE OF THE

SECRETARY



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2332

Registered No. _____

BIRTH NO. 53-2332
04172

1. NAME OF DECEASED
(Type or Print)

Baby Boy Montellius

2. DATE
OF
DEATH

2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Senai Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore # 22

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
6210 Alway

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/18/53

9. AGE (in years last birthday)

If Under 1 Year
Months _____ Days _____

If Under 24 Hours
Hours _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Montellius

14. MOTHER'S MAIDEN NAME

Deva

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity
↓
DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2/18/53* to *2/18/53*, that I last saw the deceased alive on *2/18*, 1953, and that death occurred at *2:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Leon Flannery M. D.

23B. ADDRESS

Senai Hosp.

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

MAR 3 1953

Huntington Williams, M.D.

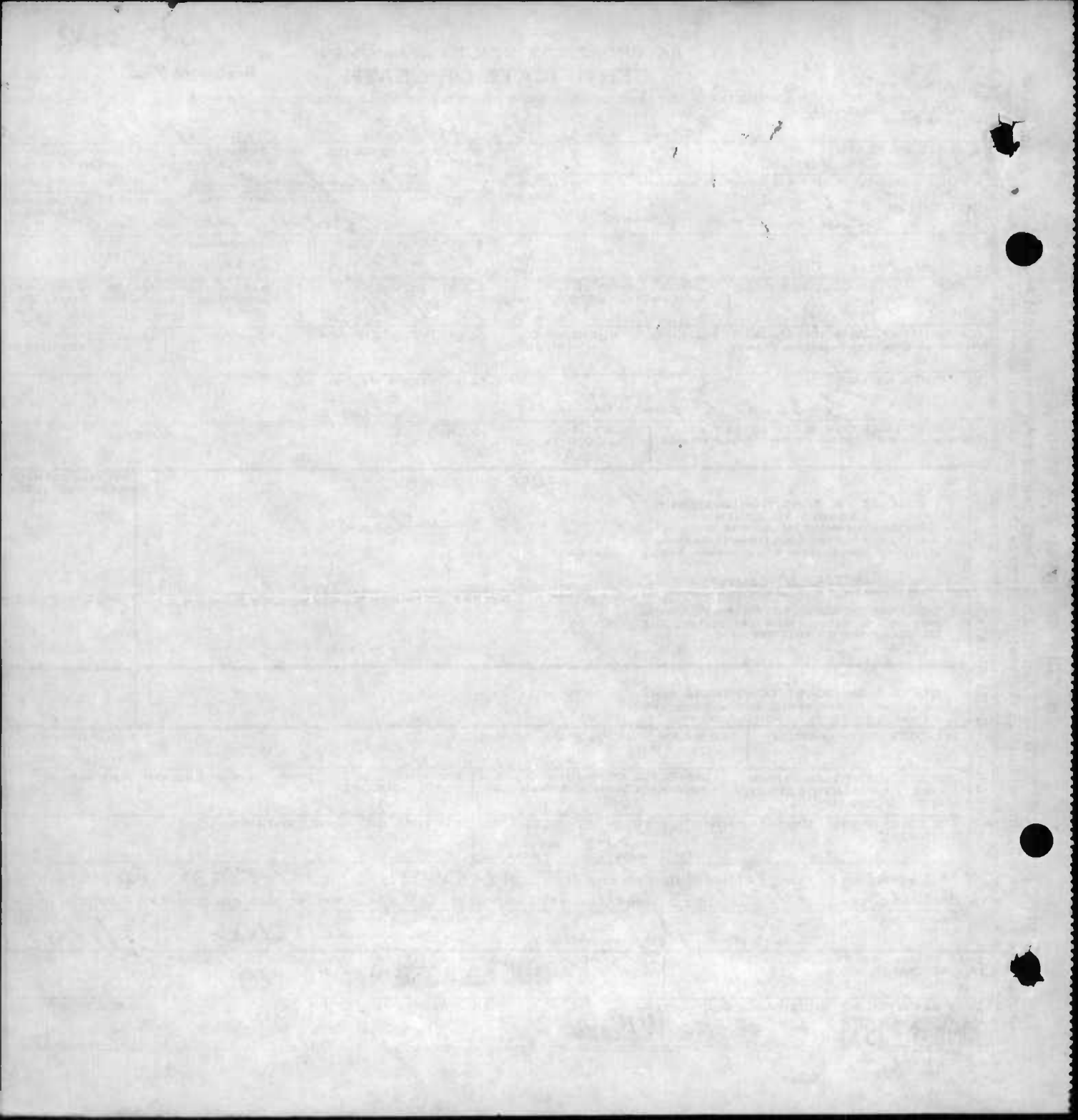
Huntington Williams, M.D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John LEE

2. DATE
OF
DEATH

Jan. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

39 Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

1518 Argyle Ave. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO 14-02

D. STREET ADDRESS (If rural, give location)

1518 Argyle Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

N Under 1 Year Months Days N Under 24 Hours Hours Min.

48

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S M maiden NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 493x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL MAR 2 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

N-620
53 2334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2334
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Matthew Norris</i>			2. DATE OF DEATH <i>Jan. 27, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Provident Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>733 Bradly St.</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md. 17-0-3</i>					
C. Length of stay in Baltimore <i>25 yrs.</i>			D. STREET ADDRESS (If rural, give location)					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sep.</i>	8. DATE OF BIRTH <i>Dec. 27, 1891</i>		9. AGE (In years last birthday) <i>61</i>		If Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Glasco St., Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Hillard Norris</i>			14. MOTHER'S MAIDEN NAME <i>JENELLA Strowbridge</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Arteriosclerosis</i> DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Chronic Glomerulonephritis</i> DUE TO						<i>!</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Acute Infectious Arthritis</i>								
19A. DATE OF OPERATION <i>2</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Jan. 23, 1953</i> to <i>Jan. 27, 1953</i> , that I last saw the deceased alive on <i>Jan. 27, 1953</i> , and that death occurred at <i>11:00 a.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Stanford P. Bussard</i>			23B. ADDRESS <i>Provident Hosp</i>			23C. DATE SIGNED <i>1.27.53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>		24D. LOCATION (City, town, or county) (State) <i>MAR 2 1953</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 1953</i>		REGISTRAR'S SIGNATURE <i>Harold E. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Harold E. Williams, M.D.</i>		ADDRESS		

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p> <p>2. SEX</p> <p>3. AGE</p> <p>4. DATE OF BIRTH</p> <p>5. PLACE OF BIRTH</p> <p>6. OCCUPATION</p>		<p>7. DATE OF DEATH</p> <p>8. PLACE OF DEATH</p> <p>9. CAUSE OF DEATH</p> <p>10. MANNER OF DEATH</p> <p>11. SIGNATURE OF PHYSICIAN</p> <p>12. SIGNATURE OF REGISTRAR</p>	
<p>13. NAME OF WITNESS</p> <p>14. SIGNATURE OF WITNESS</p> <p>15. NAME OF WITNESS</p> <p>16. SIGNATURE OF WITNESS</p>		<p>17. NAME OF WITNESS</p> <p>18. SIGNATURE OF WITNESS</p> <p>19. NAME OF WITNESS</p> <p>20. SIGNATURE OF WITNESS</p>	
<p>21. NAME OF WITNESS</p> <p>22. SIGNATURE OF WITNESS</p> <p>23. NAME OF WITNESS</p> <p>24. SIGNATURE OF WITNESS</p>		<p>25. NAME OF WITNESS</p> <p>26. SIGNATURE OF WITNESS</p> <p>27. NAME OF WITNESS</p> <p>28. SIGNATURE OF WITNESS</p>	
<p>29. NAME OF WITNESS</p> <p>30. SIGNATURE OF WITNESS</p> <p>31. NAME OF WITNESS</p> <p>32. SIGNATURE OF WITNESS</p>		<p>33. NAME OF WITNESS</p> <p>34. SIGNATURE OF WITNESS</p> <p>35. NAME OF WITNESS</p> <p>36. SIGNATURE OF WITNESS</p>	
<p>37. NAME OF WITNESS</p> <p>38. SIGNATURE OF WITNESS</p> <p>39. NAME OF WITNESS</p> <p>40. SIGNATURE OF WITNESS</p>		<p>41. NAME OF WITNESS</p> <p>42. SIGNATURE OF WITNESS</p> <p>43. NAME OF WITNESS</p> <p>44. SIGNATURE OF WITNESS</p>	
<p>45. NAME OF WITNESS</p> <p>46. SIGNATURE OF WITNESS</p> <p>47. NAME OF WITNESS</p> <p>48. SIGNATURE OF WITNESS</p>		<p>49. NAME OF WITNESS</p> <p>50. SIGNATURE OF WITNESS</p> <p>51. NAME OF WITNESS</p> <p>52. SIGNATURE OF WITNESS</p>	
<p>53. NAME OF WITNESS</p> <p>54. SIGNATURE OF WITNESS</p> <p>55. NAME OF WITNESS</p> <p>56. SIGNATURE OF WITNESS</p>		<p>57. NAME OF WITNESS</p> <p>58. SIGNATURE OF WITNESS</p> <p>59. NAME OF WITNESS</p> <p>60. SIGNATURE OF WITNESS</p>	
<p>61. NAME OF WITNESS</p> <p>62. SIGNATURE OF WITNESS</p> <p>63. NAME OF WITNESS</p> <p>64. SIGNATURE OF WITNESS</p>		<p>65. NAME OF WITNESS</p> <p>66. SIGNATURE OF WITNESS</p> <p>67. NAME OF WITNESS</p> <p>68. SIGNATURE OF WITNESS</p>	
<p>69. NAME OF WITNESS</p> <p>70. SIGNATURE OF WITNESS</p> <p>71. NAME OF WITNESS</p> <p>72. SIGNATURE OF WITNESS</p>		<p>73. NAME OF WITNESS</p> <p>74. SIGNATURE OF WITNESS</p> <p>75. NAME OF WITNESS</p> <p>76. SIGNATURE OF WITNESS</p>	
<p>77. NAME OF WITNESS</p> <p>78. SIGNATURE OF WITNESS</p> <p>79. NAME OF WITNESS</p> <p>80. SIGNATURE OF WITNESS</p>		<p>81. NAME OF WITNESS</p> <p>82. SIGNATURE OF WITNESS</p> <p>83. NAME OF WITNESS</p> <p>84. SIGNATURE OF WITNESS</p>	
<p>85. NAME OF WITNESS</p> <p>86. SIGNATURE OF WITNESS</p> <p>87. NAME OF WITNESS</p> <p>88. SIGNATURE OF WITNESS</p>		<p>89. NAME OF WITNESS</p> <p>90. SIGNATURE OF WITNESS</p> <p>91. NAME OF WITNESS</p> <p>92. SIGNATURE OF WITNESS</p>	
<p>93. NAME OF WITNESS</p> <p>94. SIGNATURE OF WITNESS</p> <p>95. NAME OF WITNESS</p> <p>96. SIGNATURE OF WITNESS</p>		<p>97. NAME OF WITNESS</p> <p>98. SIGNATURE OF WITNESS</p> <p>99. NAME OF WITNESS</p> <p>100. SIGNATURE OF WITNESS</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2335

1. NAME OF DECEASED
(Type or Print)

Robert Woodland

2. DATE
OF
DEATH

2-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md B. COUNTY St Marys

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Oct 20 - 1946

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED, DIVORCED

8. DATE OF BIRTH

Oct 20 - 1916

9. AGE (In years last birthday)

36

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Schauffer

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

St Mary Co Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thaddeus Woodland

14. MOTHER'S MAIDEN NAME

J Lattie Plater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Woodland Valley Lee

ADDRESS

18. 241X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Bronchial Asthma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac Hypertrophy

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

William V. Smith

23B. ADDRESS

Best Medical Center

23C. DATE SIGNED

2-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/3/53

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county) (State)

Bryantown Md

DATE RECEIVED BY LOCAL REGISTRAR

3/2/53

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

St Marys

ADDRESS

St Marys

MAR 4 1953

683 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg.

RECEIVED
MAR 3 1964
BUREAU V. B.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2336
Registered No. 53 2336

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank A. Stack (Stach)

2. DATE
OF
DEATH

March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2707 Jefferson Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

108 N. Durham Street

c. Length of stay in Baltimore

67 Years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1886

9. AGE (In years
last birthday)

67

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Mens Clothing

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Stach

14. MOTHER'S MAIDEN NAME

Mary Bernard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Charles Stach, 2707 Jefferson St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CAUSE OF DEATH

atypical Virus Pneumonia
Coronary Heart
Disease

INTERVAL BETWEEN
ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-53, to 3-1-53, that I last saw the
deceased alive on 3-1-53, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, 6, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Vach & Son, 900 N. Chester St. 5.

MINISTRE DU TRAVAIL
CERTIFICAT DE DÉPENSE

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

Le 15 du mois de Mars 1945

à Montréal

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2337

1. NAME OF DECEASED
(Type or Print) Thamard Killian

2. DATE OF DEATH March 2, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md. B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1619 Alhambra St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
813-05-6332

17. INFORMANT

ADDRESS

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1953, to 3-2, 1953, that I last saw the deceased alive on 3-2, 1953, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Cemetery	
16. Signature of Funeral Home		17. Signature of Mortuary		18. Signature of Embalmer	
19. Signature of Transporter		20. Signature of Interment		21. Signature of Burial	
22. Signature of Cremation		23. Signature of Disposition		24. Signature of Final Rest	
25. Signature of Final Disposition		26. Signature of Final Disposition		27. Signature of Final Disposition	
28. Signature of Final Disposition		29. Signature of Final Disposition		30. Signature of Final Disposition	
31. Signature of Final Disposition		32. Signature of Final Disposition		33. Signature of Final Disposition	
34. Signature of Final Disposition		35. Signature of Final Disposition		36. Signature of Final Disposition	
37. Signature of Final Disposition		38. Signature of Final Disposition		39. Signature of Final Disposition	
40. Signature of Final Disposition		41. Signature of Final Disposition		42. Signature of Final Disposition	
43. Signature of Final Disposition		44. Signature of Final Disposition		45. Signature of Final Disposition	
46. Signature of Final Disposition		47. Signature of Final Disposition		48. Signature of Final Disposition	
49. Signature of Final Disposition		50. Signature of Final Disposition		51. Signature of Final Disposition	
52. Signature of Final Disposition		53. Signature of Final Disposition		54. Signature of Final Disposition	
55. Signature of Final Disposition		56. Signature of Final Disposition		57. Signature of Final Disposition	
58. Signature of Final Disposition		59. Signature of Final Disposition		60. Signature of Final Disposition	
61. Signature of Final Disposition		62. Signature of Final Disposition		63. Signature of Final Disposition	
64. Signature of Final Disposition		65. Signature of Final Disposition		66. Signature of Final Disposition	
67. Signature of Final Disposition		68. Signature of Final Disposition		69. Signature of Final Disposition	
70. Signature of Final Disposition		71. Signature of Final Disposition		72. Signature of Final Disposition	
73. Signature of Final Disposition		74. Signature of Final Disposition		75. Signature of Final Disposition	
76. Signature of Final Disposition		77. Signature of Final Disposition		78. Signature of Final Disposition	
79. Signature of Final Disposition		80. Signature of Final Disposition		81. Signature of Final Disposition	
82. Signature of Final Disposition		83. Signature of Final Disposition		84. Signature of Final Disposition	
85. Signature of Final Disposition		86. Signature of Final Disposition		87. Signature of Final Disposition	
88. Signature of Final Disposition		89. Signature of Final Disposition		90. Signature of Final Disposition	
91. Signature of Final Disposition		92. Signature of Final Disposition		93. Signature of Final Disposition	
94. Signature of Final Disposition		95. Signature of Final Disposition		96. Signature of Final Disposition	
97. Signature of Final Disposition		98. Signature of Final Disposition		99. Signature of Final Disposition	
100. Signature of Final Disposition		101. Signature of Final Disposition		102. Signature of Final Disposition	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2338**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Frances Nanette Hochwarth

2. DATE
OF
DEATH

March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4025 Old York Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4025 Old York Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 9, 1897

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days

11 8

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Fred C. Hochwarth

14. MOTHER'S MAIDEN NAME

Catherine E. Dedio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO. **220-01-6472**

17. INFORMANT

Father - Fred C. Hochwarth

ADDRESS **4025 Old York Rd.**

18. **442X and 225X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUPLICATE TO

Cerebral Hemorrhage with Hemiplegia Hypertension Cardiovascular Renal disease

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUPLICATE TO

Myeloma of Sacrum

3 YRS.

1 1/2 YRS.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 17**, 1953, to **Mar. 1**, 1953, that I last saw the deceased alive on **Feb. 28**, 1953, and that death occurred at **6:40A** m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Mar. 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Bel Air Rd. Balti., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

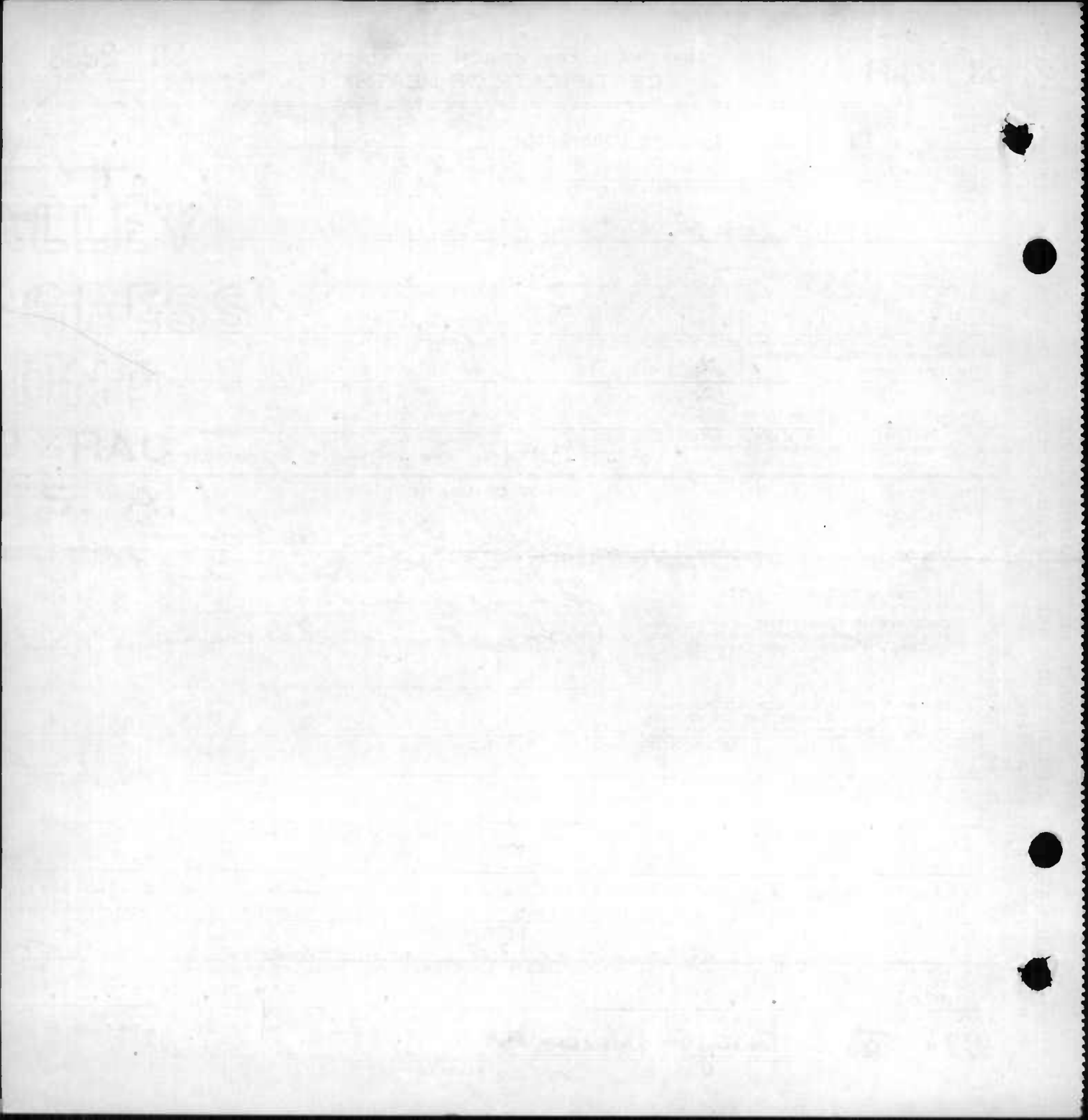
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran, 3000 E. Baltimore

ADDRESS

Balti., Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-534

53 2339

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. _____

53 2339
 BIRTH NO. 53-04534

1. NAME OF DECEASED (Type or Print) John D. Bentley		2. DATE OF DEATH Mar. 3 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-0	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 24 S. Broadway	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-22-1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 9 II Under 1 Year: Months: _____ Days: _____ II Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Elmer Bentley		14. MOTHER'S MAIDEN NAME ALICE MARSHALL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS _____	

18. 768.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sepsis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-1 19 53 to 3-3 , 19 53 that I last saw the deceased alive on 3-3 , 19 53 , and that death occurred at 5:56 a. m., from the causes and on the date stated above.					
23a. SIGNATURE F. R. Keckler		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/4/53		24c. NAME OF CEMETERY OR CREMATORY JENKINS	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)		24f. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Carle Inc. 1217 S. Paul St.	

H-632

53 2340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2340

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Michael Hurwitz</i>			2. DATE OF DEATH <i>March 3, '53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>44 Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-20</i>		
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>3921 Clarke Lane Balto.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 3, 1895</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months <i>0</i> Days <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>high salesman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>automobile</i>		
11. FATHER'S NAME <i>Simon Hurwitz (b)</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>in service</i>			14. MOTHER'S MAIDEN NAME <i>Fanny Alexander</i>		
15. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Ether Hurwitz - same</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Infection of myo-</i> (A) _____ DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) condition due to</i> DUE TO _____ <i>(C)therosclerotic coronary</i> DUE TO _____ <i>kidneyosis</i>					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-3</i> , 19 <i>53</i> to <i>3-3</i> , 19 <i>53</i> that I last saw the deceased alive on <i>3-3</i> , 19 <i>53</i> , and that death occurred at <i>6:40</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. H. Hagan</i>		23B. ADDRESS M. O. <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>3-3-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-5-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Herring Run</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		24E. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>		24F. ADDRESS <i>2100 Eastern Pl</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 4 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

49065

100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

H-532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2341

53 2341
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAHLY HENTSCHEL			2. DATE OF DEATH 3-3-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2360 Guntaw Place			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03		
D. STREET ADDRESS (If rural, give location) 2360 Guntaw Place			5. SEX Female		
6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH			9. AGE (In years last birthday) 38		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Herman Kaatz			14. MOTHER'S MAIDEN NAME Roseally		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Paul Hentschel			ADDRESS same		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension of Cardiovascular system		INTERVAL BETWEEN ONSET AND DEATH several years
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/21/52 , 19 52 , to 3/3/53 , 19 53 that I last saw the deceased alive on 3/3/53 , 19 53 , and that death occurred at 2 A m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Weinberger, M.D.		23B. ADDRESS 912 Brooklyn Lane		23C. DATE SIGNED 3/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-4-53		24C. NAME OF CEMETERY OR CREMATORY Sheehy Sholom	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Frank Lewis ADDRESS 2100 Guntaw Pl			

MAR 4 1953
VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wanberg
912 Brooks Lane
Mar 2001

MARGIN RESERVED FOR BINDING

F-432

CERTIFICATE CORRECTED 5-11-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2342
Registered No.

BIRTH NO. 53 2342	
1. NAME OF DECEASED (Type or Print) ELIAS JACOB FILTZER	
2. DATE OF DEATH MARCH 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EMERSONIAN APTS	
C. Length of stay in Baltimore LIFE	
5. SEX MALE	6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 1888 JUNE 28, 1888	
9. AGE (in years last birthday) 64 66	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURE	
10B. KIND OF BUSINESS OR INDUSTRY SHIRTS	
11. BIRTHPLACE (State or foreign country) NEW YORK CITY	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME FRANK FILTZER	
14. MOTHER'S MAIDEN NAME ANN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO.	
17. INFORMANT DR. DAVID L. FILTZER - 7998 ADDRESS LONG MEADOW RD PIKESVILLE, MD	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary thrombosis 1 day DUE TO ANTECEDENT CAUSES (B) Coronary artery Disease 1927 DUE TO (C) general arteriosclerosis 1932 INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/1, 1952, to 3/3, 1953, that I last saw the deceased alive on 2/3, 1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.	
23A. SIGNATURE J. J. Hunter	
23B. ADDRESS M. D. 202 Eutan Rd	
23C. DATE SIGNED 3/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 3/4/1953	
24C. NAME OF CEMETERY OR CREMATORY Arlington	
24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1953	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. L. Lewis Inc - 2100 Eutan Place	
ADDRESS	

29046

Zuebing
2370 Entaw Pa

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

FWJ 168033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2343
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Emma Dixon

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1010 Carrollton Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Jan. 1 1869

9. AGE (In years
last birthday)

84

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fletcher Dixon (Deceased)

14. MOTHER'S MAIDEN NAME

Annie ? (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Ave. (records)

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 2 - 21 - , 1953, to 3 - 2 - , 1953, that I last saw the
deceased alive on 3 - 2 - , 1953, and that death occurred at 7:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Jones, M.D.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-3-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/6/53

Brooks Chapel

Calvert. Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953

Huntington Williams, M.D.

James A. Hayes, 638 N. Gilman St

1. 1

1. NAME OF DECEASED
(Type or Print)

ARTHUR ARENDT SR.
Arthur Arendt Jr.

2. DATE OF DEATH

3-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY BALT

B. FULL NAME OF HOSPITAL OR INSTITUTION

Univ. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 8-03

D. STREET ADDRESS (If rural, give location)

1224 N. ELLWOOD AVE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 1, 1896

9. AGE (In years last birthday)

56

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembly Work

10B. KIND OF BUSINESS OR INDUSTRY

Md. Venetian Blind

11. BIRTHPLACE (State or foreign country)

Balts. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Arendt

14. MOTHER'S MAIDEN NAME

Hannah Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

World War I

16. SOCIAL SECURITY NO.

213-01-7058

17. INFORMANT

Freda Arendt-1224 N. Ellwood Ave.

18. 353.3 and E903.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Intercranial & Subdural Hematoma

INTERVAL BETWEEN ONSET AND DEATH

13da (?)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Fall to floor

CERTIFICATION APPROVED BY

R. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

years?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-1-53

19B. MAJOR FINDINGS OF OPERATION

Extracerebral & Subral Hematoma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21A.

21B.

21C.

21D.

21E.

21F.

22. I hereby certify that I attended the deceased from 3-2-1953, to 3-3-1953, that I last saw the deceased alive on 3-3-1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Looper Jr.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

3-4-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A.

24B.

24C.

24D.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

53 2345
 Registered No. _____

Registered No. _____

BIRTH NO.		REGISTERED NO.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
9. AGE (In years last birthday)	10. UNDER 1 YEAR Months Days	11. UNDER 24 HOURS Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
19. ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. DATE OF OPERATION		21B. MAJOR FINDINGS OF OPERATION	
21C. AUTOPSY?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR		24H. ADDRESS	

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of ...
City of ...
Name of Deceased ...
Age ...
Sex ...
Race ...
Date of Death ...
Place of Death ...
Cause of Death ...
Signature of Physician ...
Signature of Registrar ...

53 2346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2346

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Noah Spence

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1605 Clinton St #24

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 13, 1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Davie Spence

14. MOTHER'S MAIDEN NAME

Lucy Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Naomi Harrison

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage

DUE TO

1 d/

(C) Hypertensive arteriosclerotic cardio-
vascular disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Amputation of lower extremities

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1953, to _____, 19____, that I last saw the
deceased alive on Feb. 28, 1953, and that death occurred at _____ m., from the causes and on the date stated above.23A. SIGNATURE
A. B. Bronushas, M. D.

23B. ADDRESS

M. D.

3037 O'Donnell St.

23C. DATE SIGNED

3-3-53

24A. BURIAL, CREMATION,
TATION, REMOVAL (Specify)

24B. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-7-53

Elizabeth City, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953

Huntington Williams, M.D.

578a
Bisbee St

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The
correctness is especially important. Physicians: please write the causes of death clearly and legibly.

March 5, 1953

Dear Sir:

Reference is made to your letter of March 3, 1953.

The Commission is now in the process of reviewing the matter.

Very truly yours,

W. H. Harrison

Director

Mr. W. H. Harrison

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2347**

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JULIUS WESTBROOK		March 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1009 Bennett Place		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 31, 1896	9. AGE (In years last birthday) 56	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Julius Westbrook			14. MOTHER'S MAIDEN NAME Hattie Rowing		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Hattie Westbrook ADDRESS 3209 Sun St.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying. e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED March 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-5-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Hensley Biddle</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78099

CERTIFICATE OF DEATH

State of Ohio, County of Hamilton, City of Cincinnati

On this 12th day of June, 1920, at the City of Cincinnati, Ohio, I, the undersigned, a duly qualified and licensed physician, do hereby certify that the within and foregoing is a true and correct copy of the original record of the death of the person named therein, as the same appears from the files of the Bureau of Health, City of Cincinnati, Ohio.

Witness my hand and the seal of the Bureau of Health, City of Cincinnati, Ohio, this 12th day of June, 1920.

53 2348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2348

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Thomas H. Reynolds</i>			2. DATE OF DEATH <i>March 3, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6420 Reisterstown Road</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Seton Institute</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i> D. STREET ADDRESS (If rural, give location) <i>1417 Linden Ave.</i>						
c. Length of stay in Baltimore <i>entire life</i>			5. SEX <i>M</i> 6. COLOR OR RACE <i>white</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unoccupied</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>			8. DATE OF BIRTH <i>11-27-1869</i>		9. AGE (in years last birthday) <i>83</i> 3 6	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>						
13. FATHER'S NAME <i>Patrick Reynolds</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Hogan</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>			17. INFORMANT <i>The Seton Institute</i>			
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>			CAUSE OF DEATH <i>General arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Mental deficiency with psychosis</i>			(A) DUE TO			(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO						
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept.</i> , 19 <i>36</i> , to <i>March 3</i> , 19 <i>53</i> that I last saw the deceased alive on <i>March 2</i> , 19 <i>53</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>Walter O. Salverio</i>			23B. ADDRESS <i>4212 Patterson Ave</i>			23C. DATE SIGNED <i>March 3, 53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>3/5/53</i>			24C. NAME OF CEMETERY OR CREMATORIUM <i>New Cathedral</i>			
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>			24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 4 1953</i>			24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			
24G. FUNERAL DIRECTOR <i>W. W. Meador and Son</i>			24H. ADDRESS <i>205 N. Calvert St.</i>						

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2349**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel R. Leary

2. DATE OF DEATH **March 3, 1953**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Home For Incurables
40th and Keswick Road**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04

D. STREET ADDRESS (If rural, give location)

2117 St. Paul Street

c. Length of stay in Baltimore

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH
April 19, 1879

9. AGE (In years last birthday)
73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George W. Reynolds

14. MOTHER'S MAIDEN NAME

Ella M. Eldridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Helen A. Taylor, 4 York Court

18. **481X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Cardiac Decompensation**
DUE TO

2 1/4 Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardio-vascular Disease**
DUE TO

2 1/2 years

(C) **Influenza**

2 Days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Hypertrophic Atherosclerosis
Bilateral Nephroses (Glomerular)**

**2 1/2 years
5 years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 29, 1950**, to **March 3, 1953**, that I last saw the deceased alive on **March 2, 1953**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

W. G. H. Hersperger

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

3/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State)

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Halliwell, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of Deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of Birth: [illegible]
5. Place of Birth: [illegible]
6. Date of Death: [illegible]
7. Time of Death: [illegible]
8. Place of Death: [illegible]
9. Cause of Death: [illegible]
10. Manner of Death: [illegible]
11. Signature of Physician: [illegible]
12. Signature of Registrar: [illegible]

13. Signature of Informant: [illegible]
14. Address of Informant: [illegible]
15. Date of Statement: [illegible]
16. Signature of Registrar: [illegible]

17. Signature of Registrar: [illegible]
18. Address of Registrar: [illegible]
19. Date of Statement: [illegible]
20. Signature of Registrar: [illegible]

21. Signature of Registrar: [illegible]
22. Address of Registrar: [illegible]
23. Date of Statement: [illegible]
24. Signature of Registrar: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2350
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRENE

HODGE

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

6 W. Mt. Vernon Place

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 17, 1911

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady - Fur Store

10B. KIND OF BUSINESS OR INDUSTRY

Fine Fur Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John L. Cassell

14. MOTHER'S MAIDEN NAME

Audrey James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. May Rennie, Danville, Virginia

18. E 970.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

6 W. Mt. Vernon Place

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 2, 1953 5:25 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingested overdose of tuinal capsules

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

3/4/53

24C. NAME OF CEMETERY OR CREMATORY

Bristol

24D. LOCATION (City, town, or county)

Bristol,

Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 151

N 971.0

4906E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

M-340
53 2351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2351

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE METTLE

2. DATE OF DEATH

MARCH 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GENERAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

12-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3000 VINEYARD LANE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 13, 1905

9. AGE (in years last birthday)

47

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY

EVERGREEN TAVERN

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE METTLE

14. MOTHER'S MAIDEN NAME

IRENE WALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

FRANCES BEASLEY, 3225 ST. PAUL ST.

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) LIVER CIRRHOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1953, to March 2, 1953, that I last saw the deceased alive on March 2, 1953, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. McConway

23B. ADDRESS

South Baltimore General Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/5/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc., 1217 St Paul St

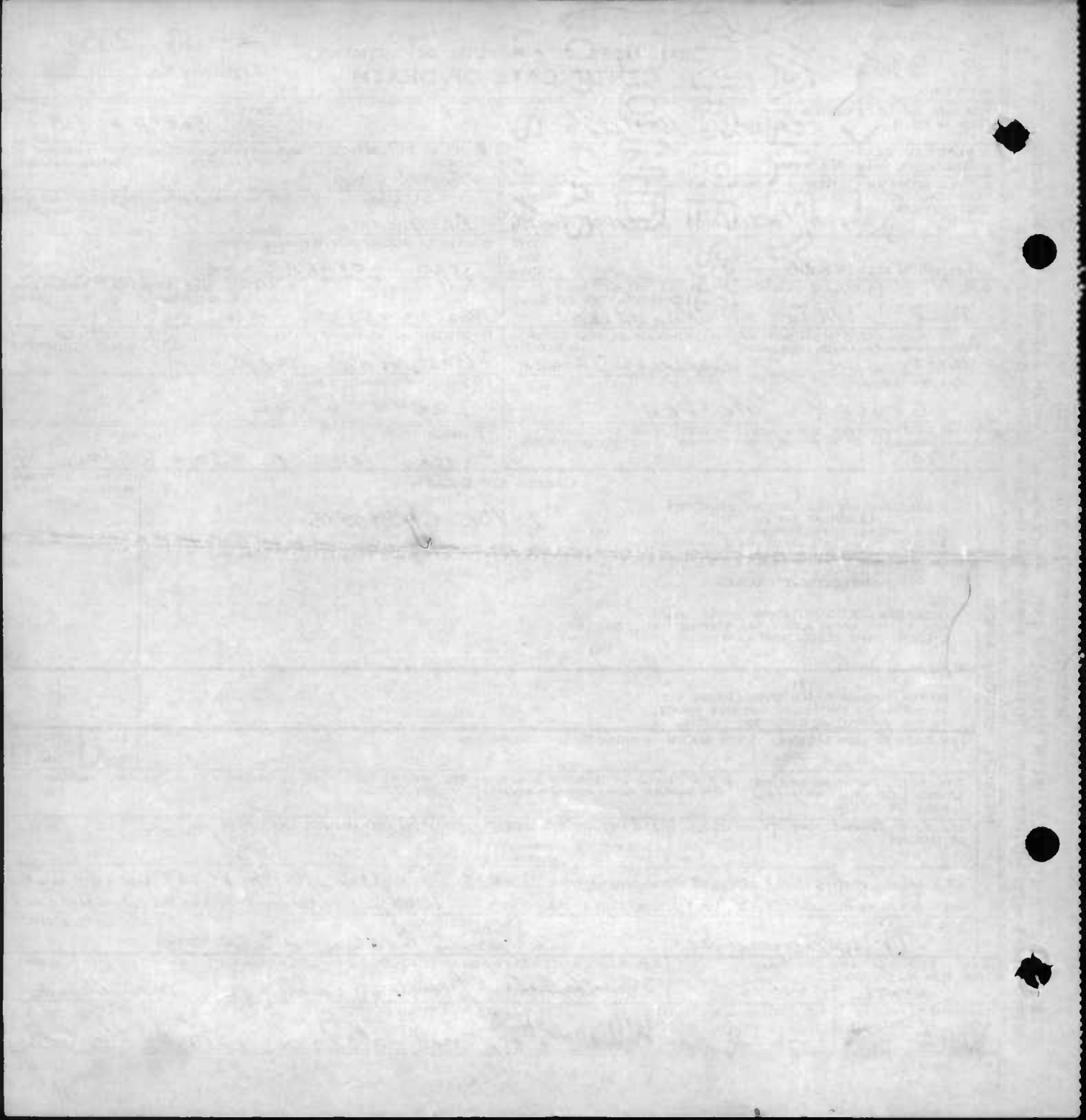
ADDRESS

VS 150

750 6M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 2352**

BIRTH NO. 53 2352		1. NAME OF DECEASED (Type or Print) ANTHONY KOUGL		2. DATE OF DEATH March 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1400 Aisquith Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE MARRIED. Married <small>WIDOWED, DIVORCED (Specify)</small>	8. DATE OF BIRTH 12/20/1897	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Technician Medical School			11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Kougl			14. MOTHER'S MAIDEN NAME Antonia Frecey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-30-3032		17. INFORMANT ADDRESS Isabelle Kougl 1400 Aisquith St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary sclerosis			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 3, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/6/53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. 1217 St. Paul St.	

094 8T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY

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1. NAME OF DECEASED
(Type or Print)

IGNACY Morawski

2. DATE OF DEATH

March 2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE M D B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MERCY Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-02

c. Length of stay in Baltimore

Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

About 1879

9. AGE (In years, last birthday)

73

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Morawski

14. MOTHER'S MAIDEN NAME

Victoria

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Calcemia of Stomach 1-2 yrs

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1953, to 3-2, 1953, that I last saw the deceased alive on 2-19, 1953, and that death occurred at 3:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953

Huntington Williams, M.D.

Funeral Director

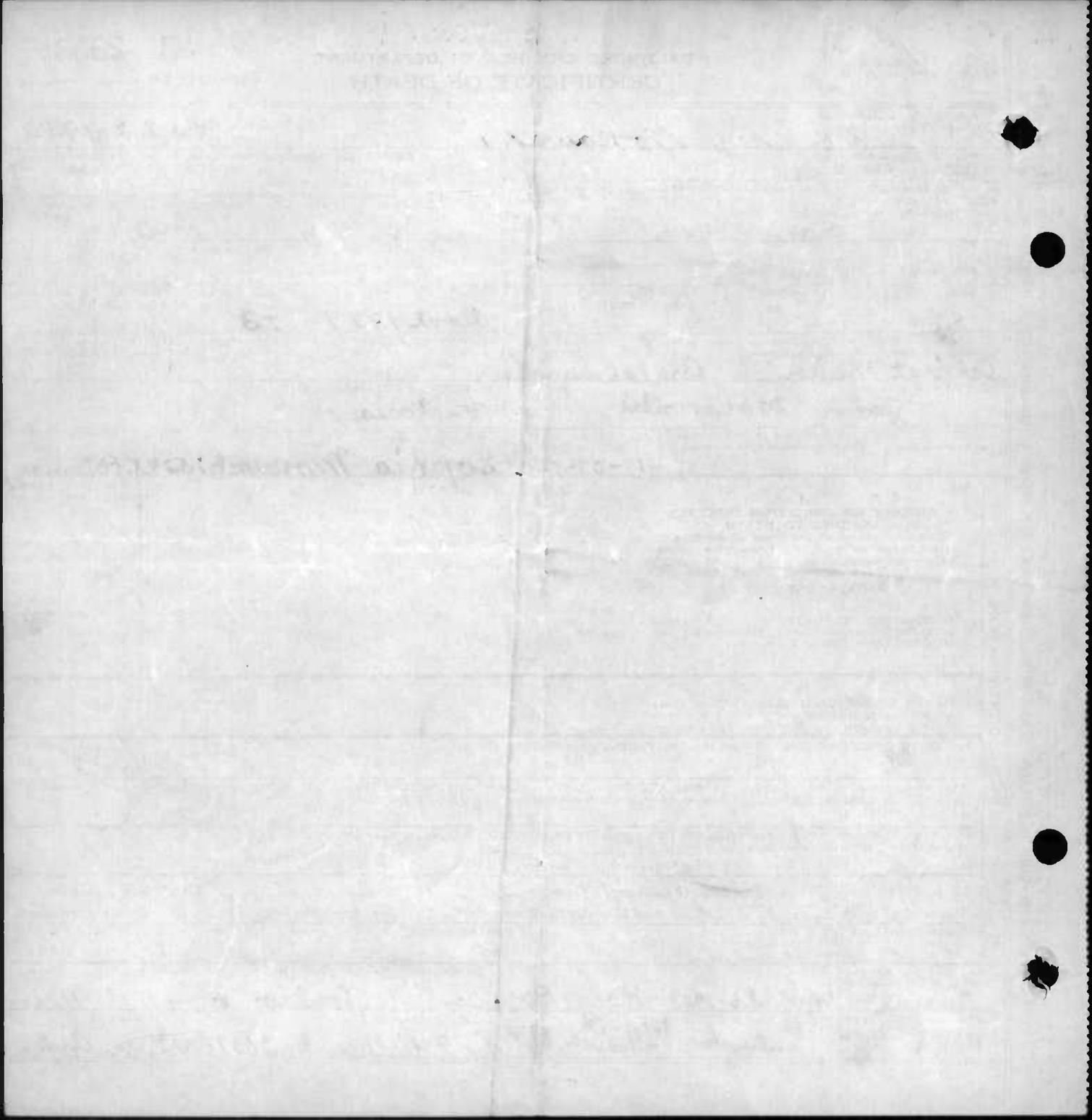
2007 Eastern Ave

VS 150

50533

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Rockwell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 2354
Registered No. 53 2354

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Darwin Rockwell

2. DATE
OF
DEATH

3-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

37 Mercy Hosp

C. CITY OR TOWN

(If outside corporate limits write RURAL and give township)

Baltimore 26-54

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1102 Hewitt Hwy #5

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED ☐
WIDOWED ☐ DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Class Operator

10B. KIND OF BUSINESS OR INDUSTRY

Beth. Steel Co

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward Rockwell

14. MOTHER'S MAIDEN NAME

Mary Neil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hosp Records

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Chronic Myocardial Infarction

3 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 2-3-53, 1953, to 3-3-53, 1953 that I last saw the deceased alive on 3-3-53, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

3-4-53

24A. BURIAL CREMATION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

3/4/53

Greenway Cemetery

Berkley Spring W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953

Huntington Williams, M.D.

Wm. J. Tickner & Sons

VS 150

513 3U

Balto 17, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2355

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HERMAN SCHMIDT

2. DATE
OF
DEATH

Mar. 3, 1953

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **5525 Gwynn Oak Ave.**

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5525 Gwynn Oak Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 24, 1875

9. AGE (In years last birthday)

78

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Checker

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ephraim Schmidt

14. MOTHER'S MAIDEN NAME

Henrietta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edith Wengl-5525 Gwynn Oak Ave.

18. **434.2 1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Pulmonary Edema
Cardiac Asthma**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYNING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **2/10/53**, 19**53**, to **3/3**, 19**53**, that I last saw the deceased alive on **3/2**, 19**53**, and that death occurred at **4:24** a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Holmick

M. D.

23B. ADDRESS

4710 Liberty Hts

23C. DATE SIGNED

3/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1950

U.S. DEPARTMENT OF AGRICULTURE

TO: <i>Mr. J. Edgar Hoover</i>		FROM: <i>Mr. W. A. Rorer</i>	
SUBJECT: <i>Re: [illegible]</i>		DATE: <i>Jan 10 1950</i>	
<i>[Faint, mostly illegible text follows in several lines]</i>			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2356

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Carter)
Lucy C. Price

2. DATE
OF
DEATH

March 2 '1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mayland General Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1609 John Street

5. SEX

F.

6. COLOR OR RACE

white

7. SINGLE ☒ MARRIED.
WIDOWED ☐ DIVORCED (Specify)

8. DATE OF BIRTH

Feb 24 '1870

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Shiers

14. MOTHER'S MAIDEN NAME

Frances Merryman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Margaret Poulsen-4749 Park Hgts. Ave.

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral vascular accident*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic cardiovascular disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan. 28*, 1953 to *March 2*, 1953, that I last saw the deceased alive on *March 2*, 1953, and that death occurred at *2:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Jui Lin

23B. ADDRESS

md. General Hospital

23C. DATE SIGNED

Mar. 2 '53

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Cem.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

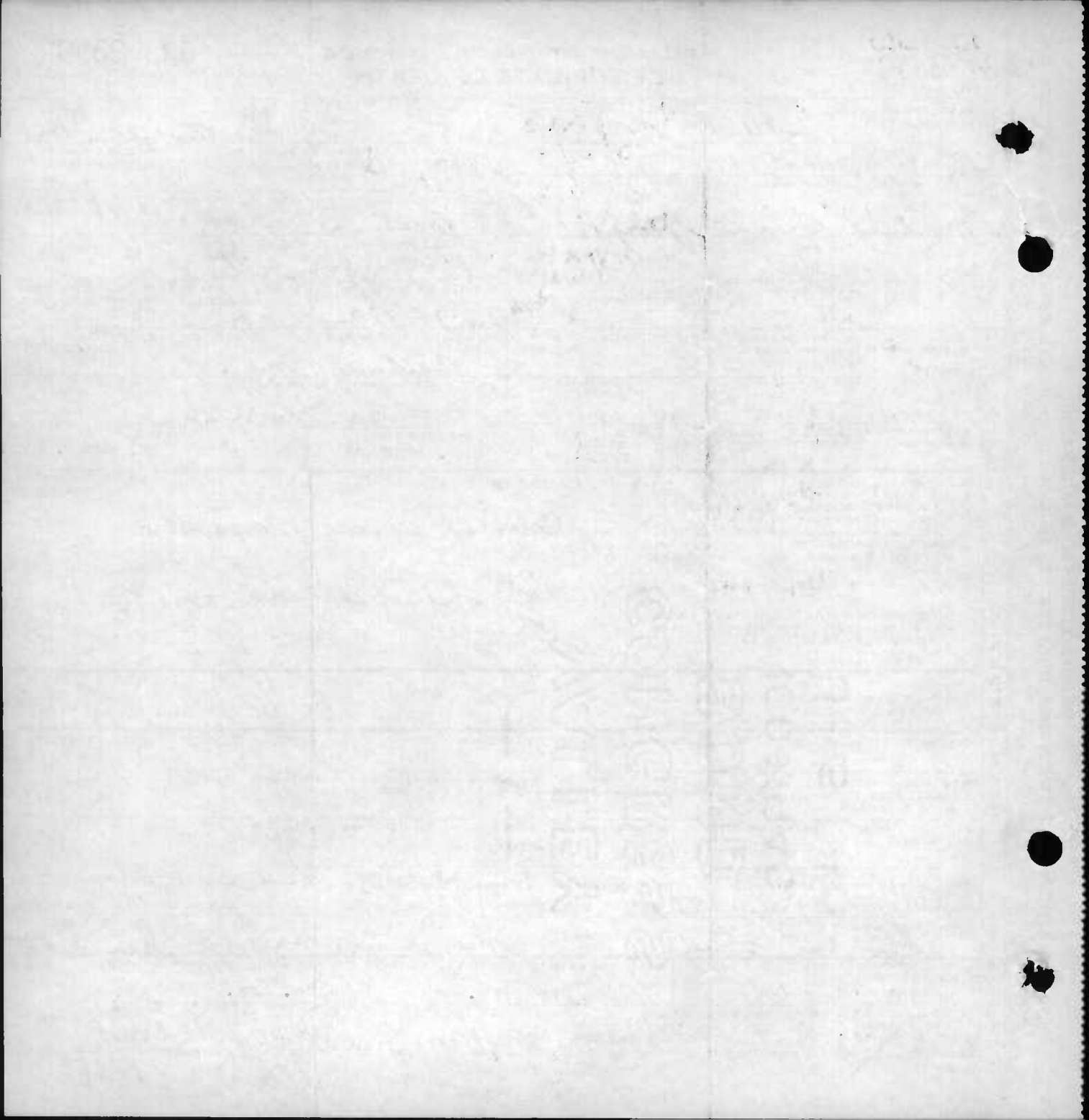
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.



CERTIFICATE CORRECTED 3-6-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2357
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL IRWIN AUSTIN

2. DATE
OF
DEATH

Mar. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2604 Hermosa Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2604 Hermosa Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 5, 1882

9. AGE (In years last birthday)

71 70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Captain

10B. KIND OF BUSINESS OR INDUSTRY

Boat

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Austin

14. MOTHER'S MAIDEN NAME

Ella Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence R. Austin-2604 Hermosa Ave.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH
myocardial death

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

6 years 1950-

(C)

Cerebral Hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24, 1953, to 3-2, 1953, that I last saw the deceased alive on 2-24, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Gandy

23B. ADDRESS

5106 Harford Road

23C. DATE SIGNED

3-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. J. Gandy & Sons

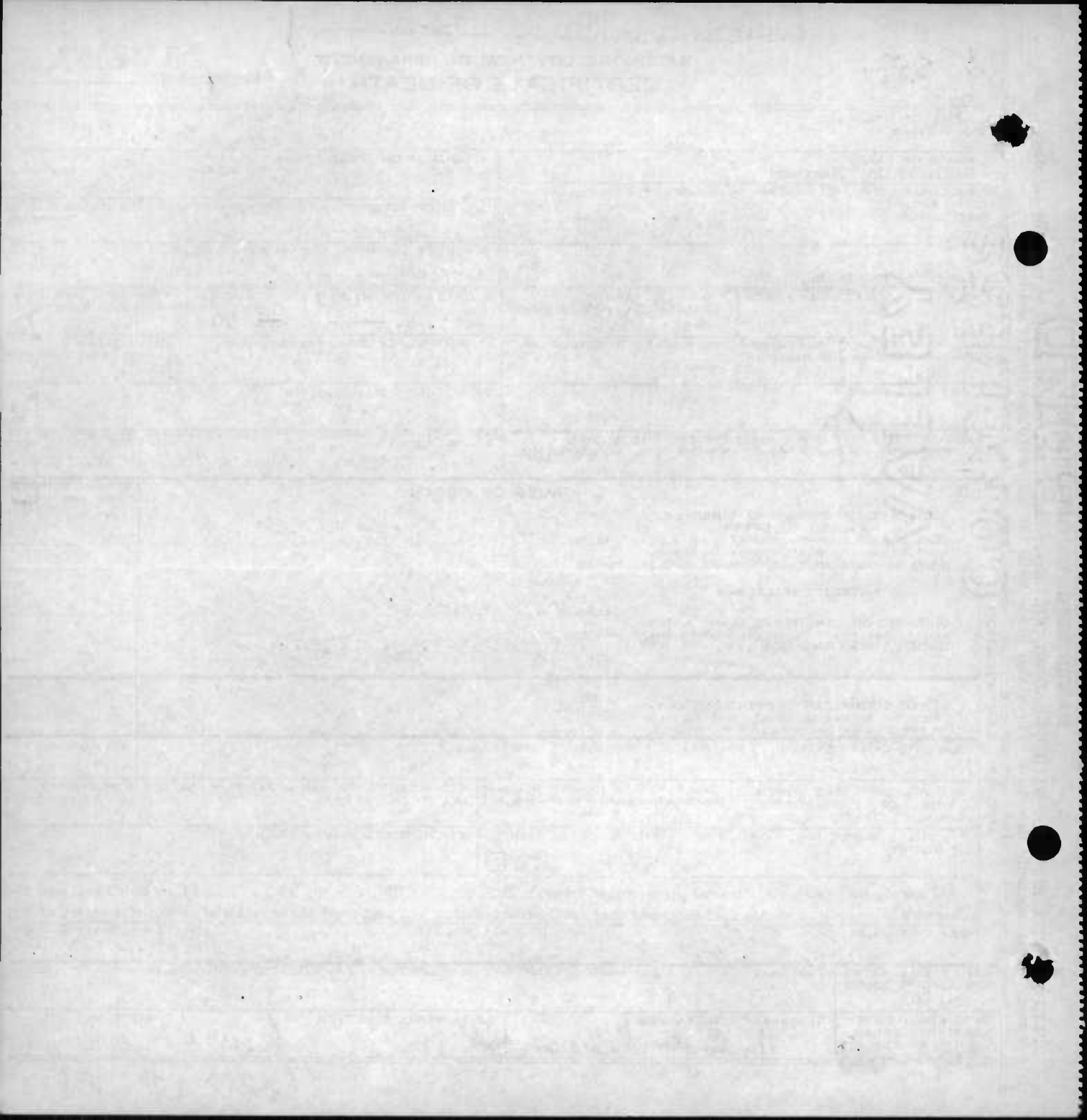
VS 150

240 55

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2358
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE M. EVANS

2. DATE
OF
DEATH

Mar. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5603 Everhurst Rd.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

5603 Everhurst Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Feb. 6, 1872

9. AGE (In years last birthday)

81

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Thomas Ruckle

14. MOTHER'S MAIDEN NAME

Mary Sissleberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Rd.

Mrs. Carolyn E. Kreiling-5603 Everhurst

18. 480X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Influenza

4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Broncho - Pneumonia

3 wks.

(C) DUE TO

Anterior - Sclerotic Heart Disease

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYNING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1953 to March 2, 1953 that I last saw the deceased alive on March 2, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

23B. ADDRESS

4108 Liberty Hts C.

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

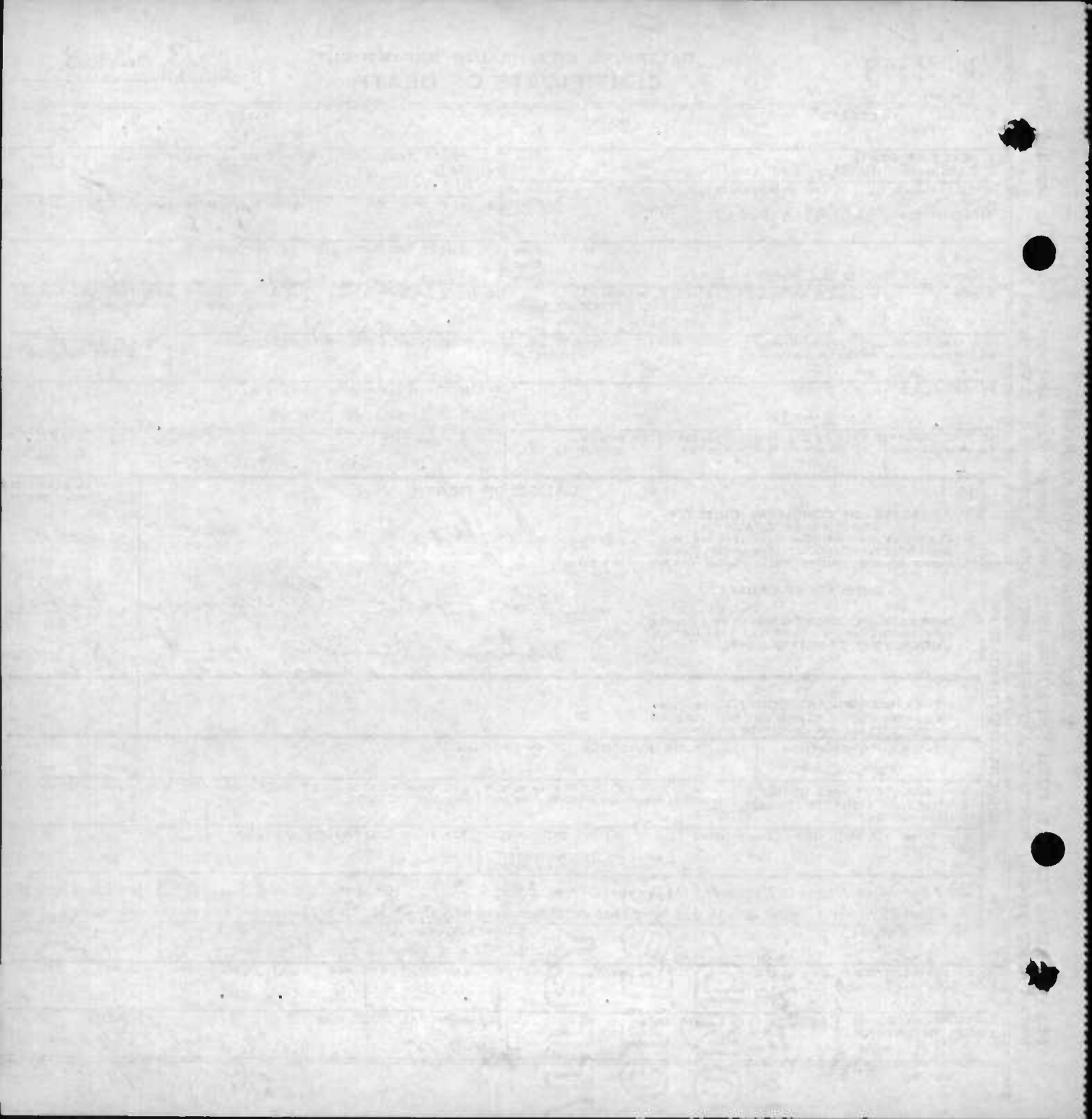
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Vickener & Sons
Balto 17, Md.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 2359

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Williams

2. DATE
OF
DEATH

Feb. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

926 W. Fayette St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

926 W. Fayette St.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED; DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 25, 1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Wilmington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Washington Williams

14. MOTHER'S MAIDEN NAME

Emma Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Balth Williams 926 W. Fayette St

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Myocarditis 2/3/53
Carcinoma of Stomach

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1953, to 2/28, 1953, that I last saw the
deceased alive on 2/27, 1953, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Gumm

23B. ADDRESS

522 N. Worlington

23C. DATE SIGNED

3/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/4/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Cedar Hill

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. H. Gumm

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Cemetery	
16. Signature of Funeral Home		17. Signature of Burial Society		18. Signature of Burial Society	
19. Signature of Burial Society		20. Signature of Burial Society		21. Signature of Burial Society	
22. Signature of Burial Society		23. Signature of Burial Society		24. Signature of Burial Society	
25. Signature of Burial Society		26. Signature of Burial Society		27. Signature of Burial Society	
28. Signature of Burial Society		29. Signature of Burial Society		30. Signature of Burial Society	
31. Signature of Burial Society		32. Signature of Burial Society		33. Signature of Burial Society	
34. Signature of Burial Society		35. Signature of Burial Society		36. Signature of Burial Society	
37. Signature of Burial Society		38. Signature of Burial Society		39. Signature of Burial Society	
40. Signature of Burial Society		41. Signature of Burial Society		42. Signature of Burial Society	
43. Signature of Burial Society		44. Signature of Burial Society		45. Signature of Burial Society	
46. Signature of Burial Society		47. Signature of Burial Society		48. Signature of Burial Society	
49. Signature of Burial Society		50. Signature of Burial Society		51. Signature of Burial Society	
52. Signature of Burial Society		53. Signature of Burial Society		54. Signature of Burial Society	
55. Signature of Burial Society		56. Signature of Burial Society		57. Signature of Burial Society	
58. Signature of Burial Society		59. Signature of Burial Society		60. Signature of Burial Society	
61. Signature of Burial Society		62. Signature of Burial Society		63. Signature of Burial Society	
64. Signature of Burial Society		65. Signature of Burial Society		66. Signature of Burial Society	
67. Signature of Burial Society		68. Signature of Burial Society		69. Signature of Burial Society	
70. Signature of Burial Society		71. Signature of Burial Society		72. Signature of Burial Society	
73. Signature of Burial Society		74. Signature of Burial Society		75. Signature of Burial Society	
76. Signature of Burial Society		77. Signature of Burial Society		78. Signature of Burial Society	
79. Signature of Burial Society		80. Signature of Burial Society		81. Signature of Burial Society	
82. Signature of Burial Society		83. Signature of Burial Society		84. Signature of Burial Society	
85. Signature of Burial Society		86. Signature of Burial Society		87. Signature of Burial Society	
88. Signature of Burial Society		89. Signature of Burial Society		90. Signature of Burial Society	
91. Signature of Burial Society		92. Signature of Burial Society		93. Signature of Burial Society	
94. Signature of Burial Society		95. Signature of Burial Society		96. Signature of Burial Society	
97. Signature of Burial Society		98. Signature of Burial Society		99. Signature of Burial Society	
100. Signature of Burial Society		101. Signature of Burial Society		102. Signature of Burial Society	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2360**

1. NAME OF DECEASED (Type or Print) WILLIE SYKES		2. DATE OF DEATH 3/2/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY 16-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore Yrs. 39 Mos. 16 Days 01		D. STREET ADDRESS (If rural, give location) 633 N. Carey St	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 27, 1898
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Tappahannock Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Vaughan		14. MOTHER'S MAIDEN NAME Hannie Scott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT John Sykes		ADDRESS 633 N. Carey St	
18. 159X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) undetermined (Probable upper D.I. malignancy)		INTERVAL BETWEEN ONSET AND DEATH undet.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertensive cardiovascular disease		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/26/1953 to 3/2/1953 , that I last saw the deceased alive on 3/2/1953 , and that death occurred at 8:25 a.m., from the causes and on the date stated above.			
23A. SIGNATURE G. J. Edwards		23B. ADDRESS Provident Hosp.	
23C. DATE SIGNED 3/2/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/8/1953	
24C. NAME OF CEMETERY OR CREMATORY St. Zion Am. Lanesdale Md.		24D. LOCATION (City, town, or county) (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 322 N. Schowenale	

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of disposition		20. Signature of final disposition	
21. Signature of final disposition		22. Signature of final disposition		23. Signature of final disposition		24. Signature of final disposition	
25. Signature of final disposition		26. Signature of final disposition		27. Signature of final disposition		28. Signature of final disposition	
29. Signature of final disposition		30. Signature of final disposition		31. Signature of final disposition		32. Signature of final disposition	
33. Signature of final disposition		34. Signature of final disposition		35. Signature of final disposition		36. Signature of final disposition	
37. Signature of final disposition		38. Signature of final disposition		39. Signature of final disposition		40. Signature of final disposition	
41. Signature of final disposition		42. Signature of final disposition		43. Signature of final disposition		44. Signature of final disposition	
45. Signature of final disposition		46. Signature of final disposition		47. Signature of final disposition		48. Signature of final disposition	
49. Signature of final disposition		50. Signature of final disposition		51. Signature of final disposition		52. Signature of final disposition	
53. Signature of final disposition		54. Signature of final disposition		55. Signature of final disposition		56. Signature of final disposition	
57. Signature of final disposition		58. Signature of final disposition		59. Signature of final disposition		60. Signature of final disposition	
61. Signature of final disposition		62. Signature of final disposition		63. Signature of final disposition		64. Signature of final disposition	
65. Signature of final disposition		66. Signature of final disposition		67. Signature of final disposition		68. Signature of final disposition	
69. Signature of final disposition		70. Signature of final disposition		71. Signature of final disposition		72. Signature of final disposition	
73. Signature of final disposition		74. Signature of final disposition		75. Signature of final disposition		76. Signature of final disposition	
77. Signature of final disposition		78. Signature of final disposition		79. Signature of final disposition		80. Signature of final disposition	
81. Signature of final disposition		82. Signature of final disposition		83. Signature of final disposition		84. Signature of final disposition	
85. Signature of final disposition		86. Signature of final disposition		87. Signature of final disposition		88. Signature of final disposition	
89. Signature of final disposition		90. Signature of final disposition		91. Signature of final disposition		92. Signature of final disposition	
93. Signature of final disposition		94. Signature of final disposition		95. Signature of final disposition		96. Signature of final disposition	
97. Signature of final disposition		98. Signature of final disposition		99. Signature of final disposition		100. Signature of final disposition	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2361**

1. NAME OF DECEASED
(Type or Print)

CHARLES H. GREEN

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

214 E. Federal Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-2-1886

9. AGE (In years last birthday)

67

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Green

14. MOTHER'S MAIDEN NAME

Frances Curry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Gladys Green 214 E. Federal St.

18. **196x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of the right mandible with
extensive wide-spread metastases**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 3, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-6-1953

24C. NAME OF CEMETERY OR CREMATORY

Mount Lio Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Wendolph J. Collick 1412 E. Preston St.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Time of death: _____

8. Cause of death: _____

9. Place of death: _____

10. Signature of physician: _____

11. Signature of registrar: _____

12. Signature of informant: _____

13. Name of informant: _____

14. Address of informant: _____

15. Date of completion: _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2362
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edna Clash (Edmonia Clash)

2. DATE
OF
DEATH

3-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE _____ B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Lincoln mem Hospital
27 N. Carey St*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

1023 Vine St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

6/18/1896

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm J. Clash

14. MOTHER'S MAIDEN NAME

May E Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Clarence Clash 406 N. Poppleton

18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 28 1953*, that I last saw the deceased alive on *Feb 28, 1953* and that death occurred at *8:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

H. P. Johnson

23B. ADDRESS

403 Marlboro St

23C. DATE SIGNED

3-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

Brooklyn, Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

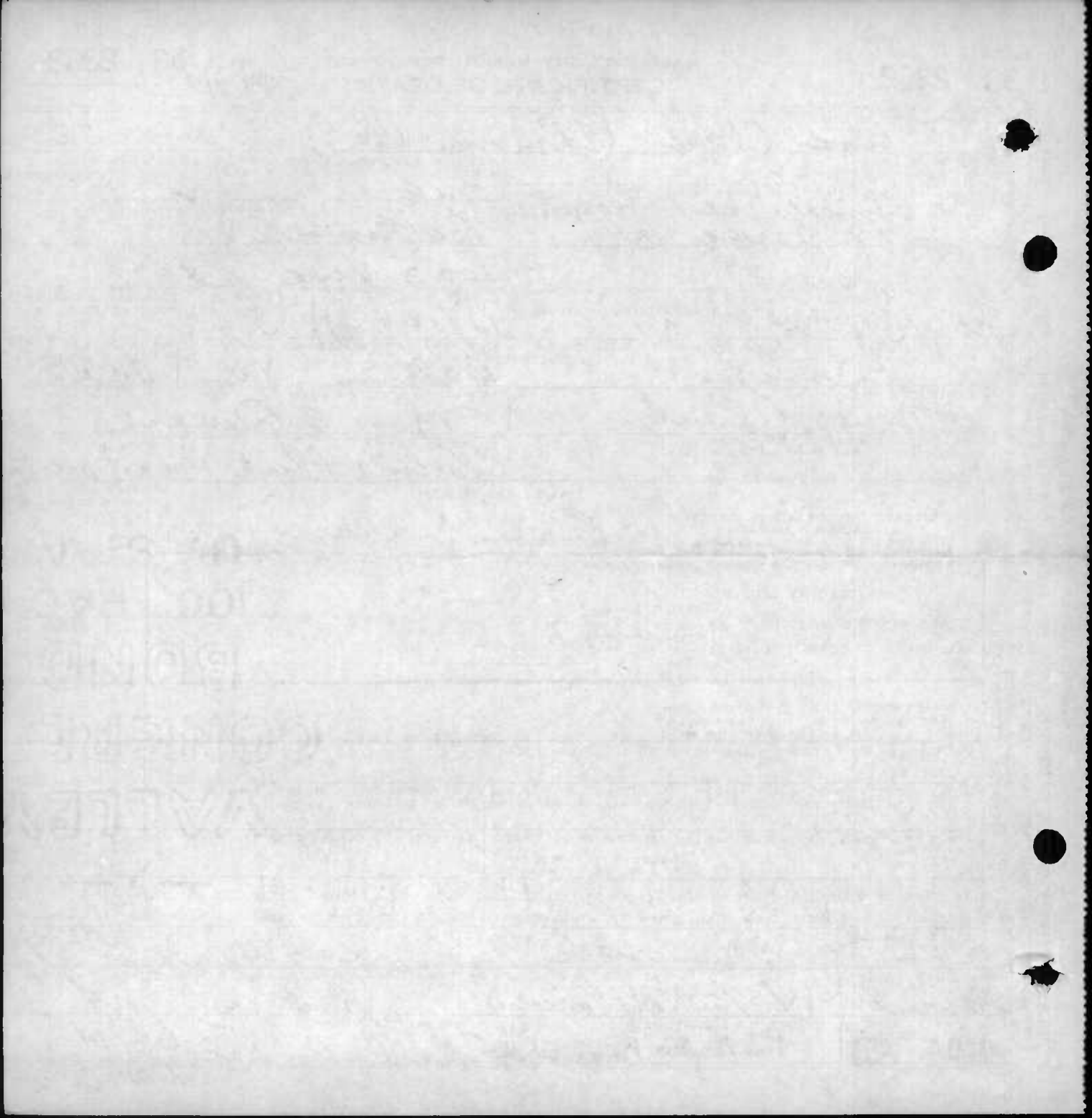
Huntington Williams

25. FUNERAL DIRECTOR

Charles A. Rice

ADDRESS

661 W. Bond St



CERTIFICATE CORRECTED 3-6-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2363

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH G. NIKOL NIKOL

2. DATE
OF
DEATH

MAR. 3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

ST. Joseph

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

7702 Wilson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb. 8-1889

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEWING Machine oper.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WM Robel

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
215-10-2180

17. INFORMANT

ADDRESS

Mrs. ELIZ WILT 3208 Clarendon

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute myocardial infarct 5 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26/53, to 3/3/53, that I last saw the
deceased alive on 2/27/53 and that death occurred at 9 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-6-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Halliwell, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck 5305 Harford Rd.

VS 150

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Friedman

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2364**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah K. Moutray

2. DATE
OF
DEATH

Mar. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

930 Madison Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

930 Madison Ave.

c. Length of stay in Baltimore

60 yrs.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 7, 1890

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

State of Grace, Ind. U. S. A.

13. FATHER'S NAME

George Sutton

14. MOTHER'S MAIDEN NAME

Ellen De Courcy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. DECEASED'S ADDRESS

930 Madison Ave.

18.

592X

CAUSE OF DEATH

Chronic Bright's Disease

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/10/1952* to *3/2/1953*, that I last saw the deceased alive on *3/2/1953*, and that death occurred at *9:30 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. B. Hunt

23B. ADDRESS

450 W. Biddle St.

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Ind.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William H. Smith

ADDRESS

1437 1/2 S. Driscoll Hill Ave.

BALTIMORE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1934

1934

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH
6. OCCUPATION
7. MARITAL STATUS
8. COLOR
9. RELIGION
10. EDUCATION
11. SERVICE
12. CAUSE OF DEATH
13. PLACE OF DEATH
14. TIME OF DEATH
15. SIGNATURE OF DECEASED
16. SIGNATURE OF WITNESSES
17. SIGNATURE OF PHYSICIAN
18. SIGNATURE OF CORONER
19. SIGNATURE OF JURY
20. SIGNATURE OF JUDGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2365

BIRTH NO. 53 2365

1. NAME OF DECEASED
(Type or Print)

Walter J. Brooks

2. DATE
OF
DEATH

March 3 '1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

Yrs.

Mos.

Days

c. Length of stay in Baltimore

life

5. SEX

M.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 17 '1894

9. AGE (In years
last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Furniture Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Great Western

11. BIRTHPLACE (State or foreign country)

Cambridge, Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph W. Brooks

1M

14. MOTHER'S M maiden NAME

Mary Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

—

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie K. Brooks, 1240 N. Ellwood Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Central vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to March 3, 1953 that I last saw the
deceased alive on March 3, 1953, and that death occurred at 1:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

San-Jui Lin

M. D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Mar. 3 '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery Boston, Massachusetts

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

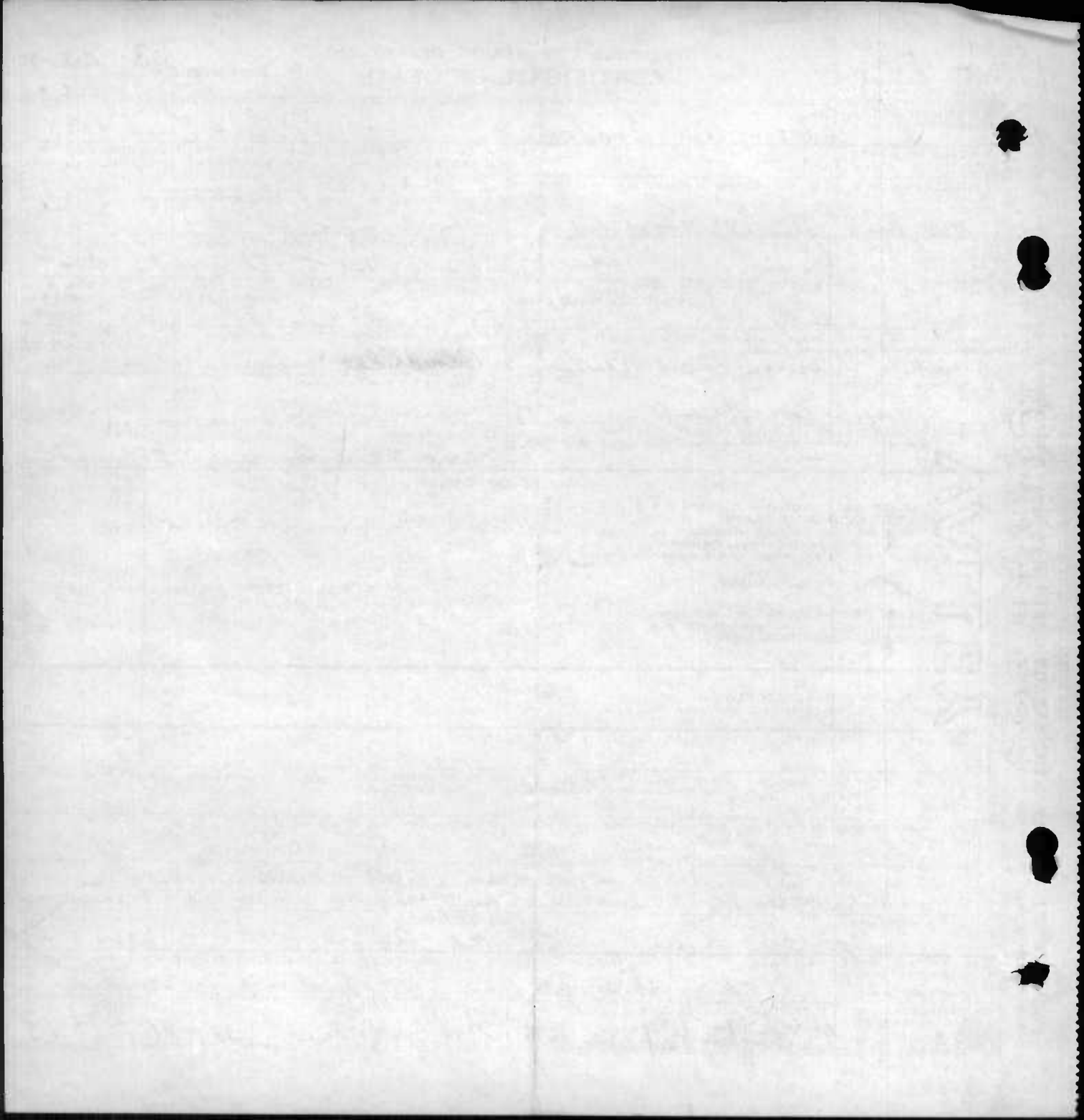
H.M. Cook, Inc., 1217 St. Paul St.

VS 150

49066

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2366**

 1. NAME OF DECEASED
(Type or Print)

KATHRENE GOLLAHER

 2. DATE
OF
DEATH

3/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL HOSPITAL

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD -
BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON

D. STREET ADDRESS (If rural, give location)

227 BURKE AVE
5355

C. Length of stay in Baltimore

28

 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

MAR 10 1891

9. AGE (In years last birthday)

61

If Under 1 Year

+

If Under 24 Hours

+

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

N. J.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HORACE MILLER

14. MOTHER'S MAIDEN NAME

OLLU BAIRD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

+

16. SOCIAL SECURITY NO.

-

17. INFORMANT

HUSBAND

ADDRESS

SAME

 18. **757.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **UREMIA**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

WEEKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

 (B) **POLYCYSTIC KIDNEYS**
LIFE

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

 21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

-

21E. INJURY OCCURRED

m.

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **2/18**, 1953, to **3/3**, 1953 that I last saw the deceased alive on **3/3**, 1953, and that death occurred at **5:55 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

John A. Imboden

M. D.

23B. ADDRESS

2nd. Gen Hosp.

23C. DATE SIGNED

3/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/6/53

24C. NAME OF CEMETERY OR CREMATORY

St. Lincoln Cemetery Prince Georges County, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 1953

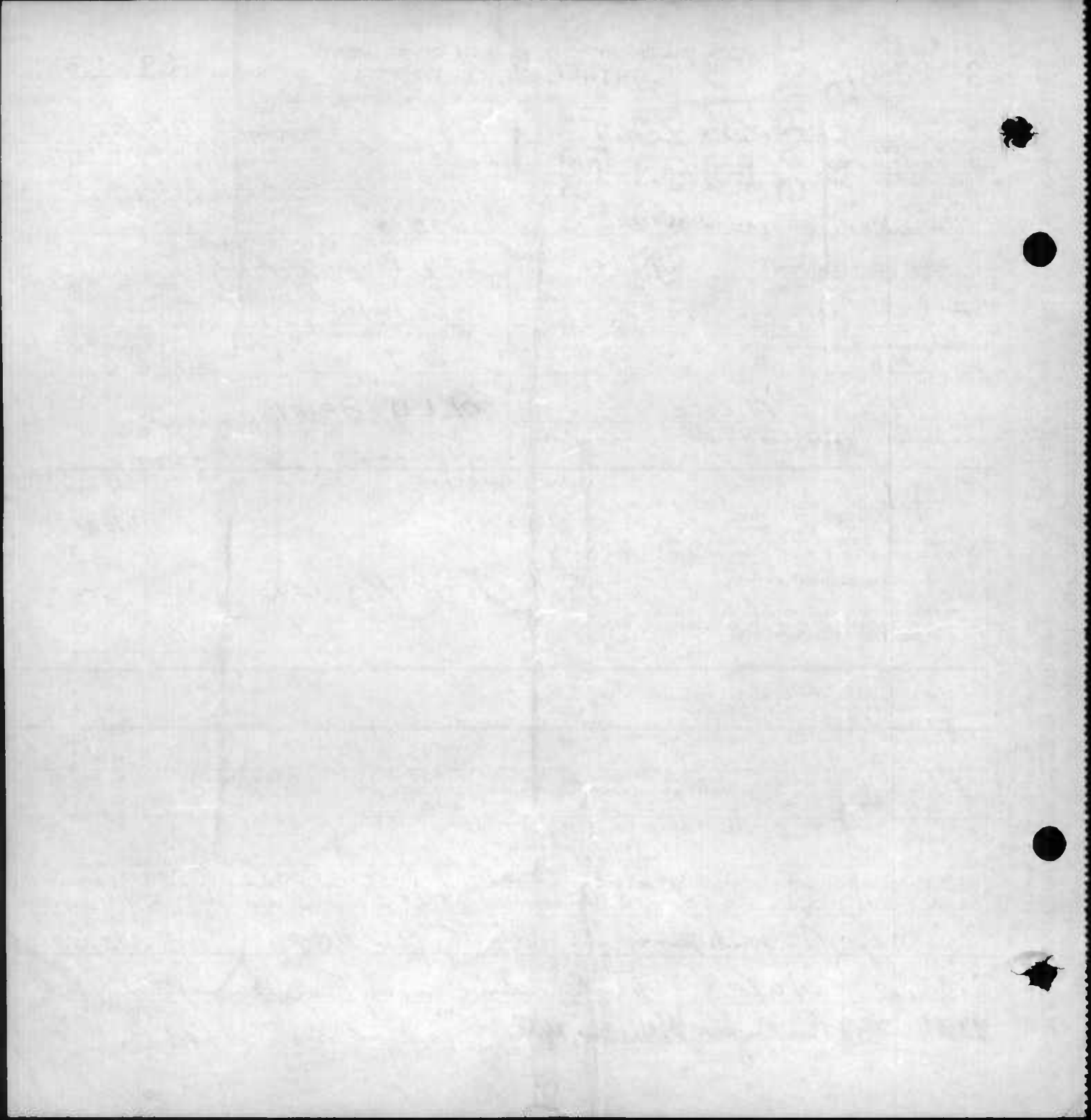
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2367
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J. SUTER

2. DATE
OF
DEATH

3-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTO. MD.B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL INC.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO. MD. 9-05

c. Length of stay in Baltimore

30 YEARS

D. STREET ADDRESS (If rural, give location)

1325 HOMESTEAD ST. (14)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/4/80

9. AGE (In years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Line & Cable Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANCIS X. SUTER

14. MOTHER'S MAIDEN NAME

Teresa Gabla

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY INSUFFICIENCY

1 1/2

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic Cardio-vascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1953 to 3-2, 1953 that I last saw the
deceased alive on 3-27, 1953, and that death occurred at 11:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953

Huntington Williams, M.D.

3 Greengarden & 22 night

VS 150

512 YM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2368
Registered No. 53 2368

BIRTH NO. 53-06313

1. NAME OF DECEASED
(Type or Print)

Baby (Girl) Price

2. DATE OF DEATH

Feb-19-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Per. H & L Pre

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1428 N. Eden St

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Reese Price

14. MOTHER'S MAIDEN NAME

Gladys

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

776x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-17-1953, to 2-19-1953, that I last saw the deceased alive on 2-19-1953, and that death occurred at 12:00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Rachel Leifer

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953

Huntington Williams, M.D.

2367

VS 150

Disposal

1914

1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2369

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NOAH R. LIVELY

2. DATE
OF
DEATH

March 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

513 N. Monroe Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 22 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Delivery boy

10B. KIND OF BUSINESS OR
INDUSTRY

Jewelry - shop.

11. BIRTHPLACE (State or foreign country)

Worton Kent Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Benjamin Lively

14. MOTHER'S MAIDEN NAME

Lucy Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benj. Lively Jr. - Worton Kent Co. Maryland

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 4, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Worton Point Cemetery

24D. LOCATION (City, town, or county)

Worton, Kent Co. Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Maurin V. Williams - Chesterton, Ind.

ADDRESS

123

WILLIAM W. HALL
1234567890

1234567890



600
53 2370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2370
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Grace Carey

2. DATE
OF
DEATH

March 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

422 Kenneth Square

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

422 Kenneth Square

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 23, 1876

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Samuel Barthelow

14. MOTHER'S MAIDEN NAME

Mara Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

T. Nelson Carey 422 Kenneth Square

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ABDOMINAL ANEURYSM
DUE TO RUPTURE?

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic and Hypertensive
DUE TO Cardiovascular Disease.

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 12-29, 1950, to 3-1, 1953, that I last saw the
deceased alive on 3-1, 1953, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Nelson Carey

M. O.

23B. ADDRESS

1014 St Paul St. - 2

23C. DATE SIGNED

3-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St.

Baltimore, Md.

0000 00

0000 00

0000 00

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2371

BALTIMORE CITY HEALTH DEPARTMENT

53 2371

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 53-04786

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Smart</i>			2. DATE OF DEATH <i>2/26/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>19-02</i>		
C. Length of stay in Baltimore <i>26 hrs.</i>			D. STREET ADDRESS (If rural, give location) <i>20 N. Stricker St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>2/25/53</i>	9. AGE (in years, last birthday) <i>26 hrs</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Thomas Smart</i>			14. MOTHER'S MAIDEN NAME <i>Anna May Guthrie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Father</i>		

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Prematurity</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>26 hrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2/26/53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/25/53</i> , 19__, to <i>2/26/53</i> , 19__, that I last saw the deceased alive on <i>2/26/53</i> , 19__, and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Hollinger</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>2/26</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D.</i>	

JOHN HOPKINS MEDICAL SCHOOL FEB 27 1953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2372**BIRTH NO. **52-28512**1. NAME OF DECEASED
(Type or Print)**BOBBY****LOUDEN**2. DATE OF DEATH **February 16, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**4-02**

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

743 W. Fayette Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hollom

14. MOTHER'S MAIDEN NAME

Ethel Laden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **491x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. H. H.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **2/16/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

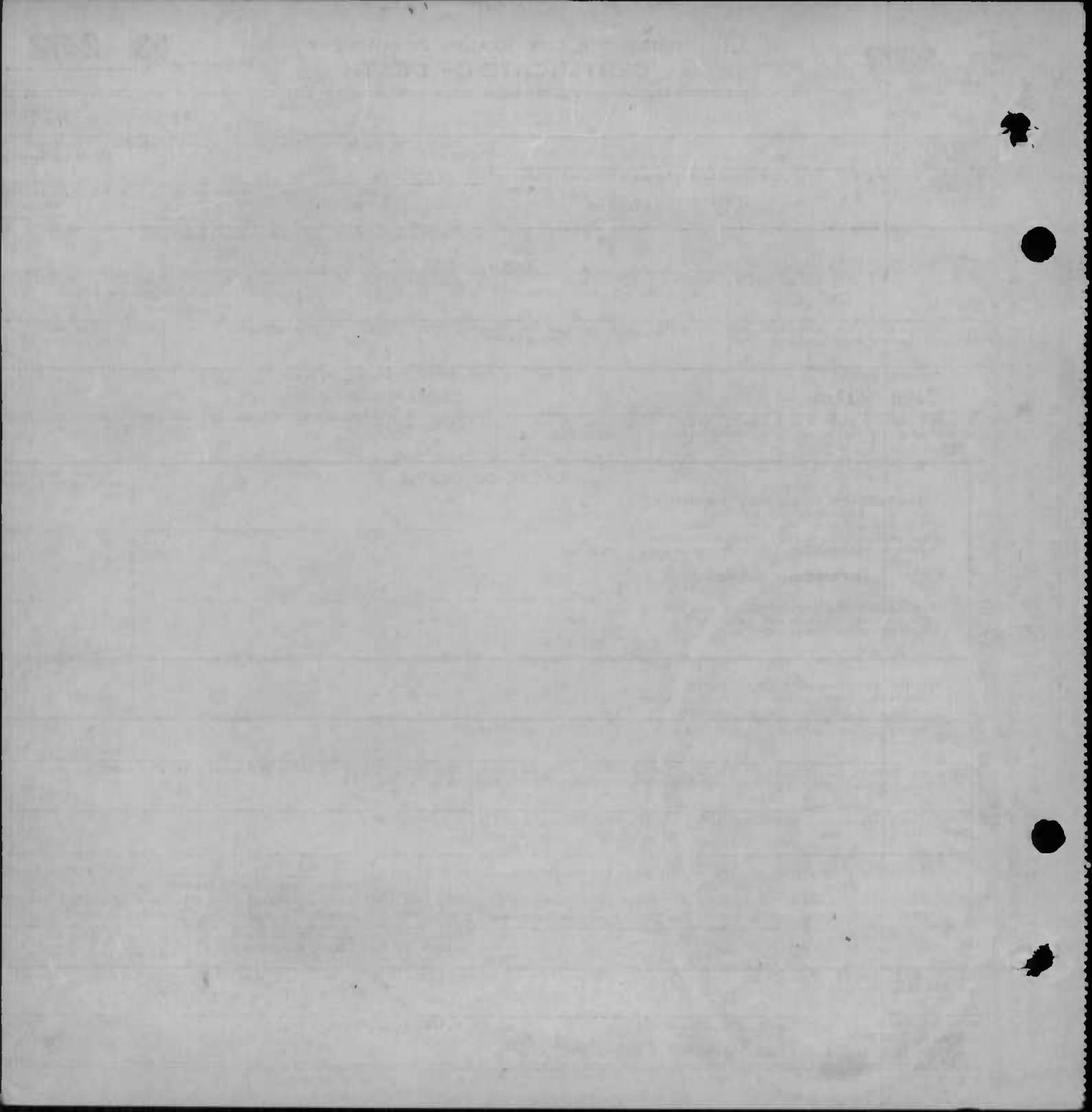
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

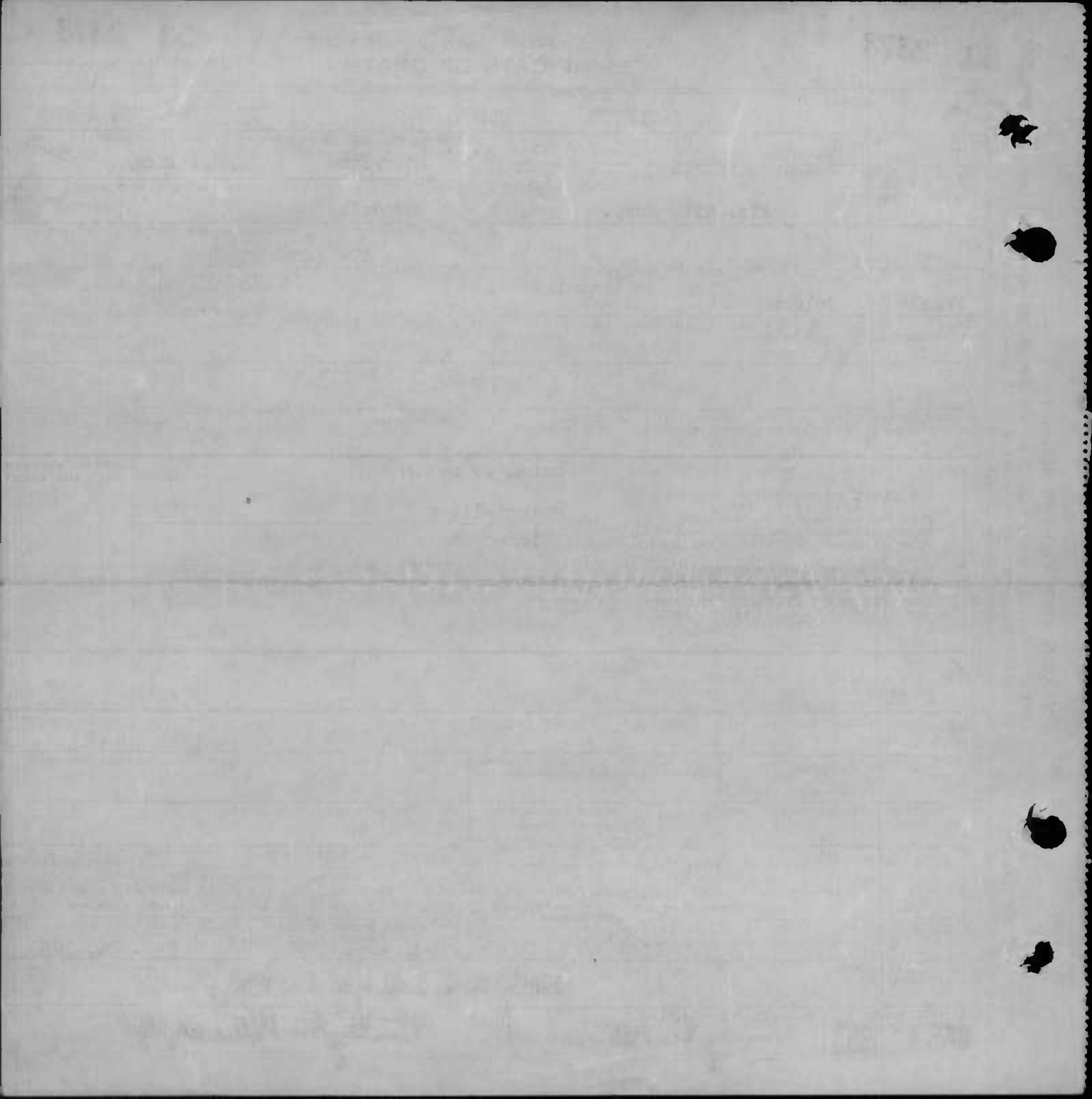


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2373
Registered No. 53 2373

BIRTH NO. <i>53 2373</i>		PAULETTE SCHUYLER		2. DATE OF DEATH Feb. 25, 1953	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
8. FULL NAME OF HOSPITAL OR INSTITUTION Balto. City Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) Box 47-Standbury Road	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH	9. AGE (In years last birthday) 4 yrs.	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY N	11. BIRTHPLACE (State or foreign country) N		12. CITIZEN OF WHAT COUNTRY? N
13. FATHER'S NAME K			14. MOTHER'S MAIDEN NAME N		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) W		16. SOCIAL SECURITY NO.	17. INFORMANT W ADDRESS		
18. 753.1 N CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Malnutrition DUE TO Microcephaly					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. S. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i> ADDRESS	
V S 151		UNIVERSITY MEDICAL SCHOOL MAR 4 1953			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2374**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Mielke, Mary Virginia (Nee Groves)**2. DATE
OF
DEATH **March 3, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
St. Joseph'sC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 24-01c. Length of stay in Baltimore **LIFE**
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
1137 Cooksie Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 2, 19179. AGE (In years last birthday)
3510. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Hwife.10B. KIND OF BUSINESS OR INDUSTRY
Own home11. BIRTHPLACE (State or foreign country)
Balto Maryland12. CITIZEN OF WHAT COUNTRY?
USA13. FATHER'S NAME
Herbert Groves14. MOTHER'S MAIDEN NAME
Ivy Jane Weckesser15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
218-09-208817. INFORMANT
Henry G. MielkeADDRESS
Sane18. **630.1**CAUSE OF DEATH **Mrs. Mae Thomas 108 W Conway St. Balto 30Md**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Chronic Glomerulonephritis
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
February 26, 195319B. MAJOR FINDINGS OF OPERATION
Chronic endometritis20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK
m. ☐ ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 23, 1953**, to **March 3, 1953** that I last saw the deceased alive on **Mar. 3, 1953**, and that death occurred at **7:20 a.m.**, from the causes and on the date stated above.23A. SIGNATURE
V. L. Coppa23B. ADDRESS
1100 N. Caroline St.23C. DATE SIGNED
March 3, '5324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE **Fri March 6 1953**24C. NAME OF CEMETERY OR CREMATORY
Woodlawn24D. LOCATION (City, town, or county) (State)
Balto MdDATE RECEIVED BY LOCAL REGISTRAR
MAR 5 1953REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR **A. Howard Evans**ADDRESS
1400 S Charles St**Balto 30 Md**

(over)

1917

1917

1917

1917

1917

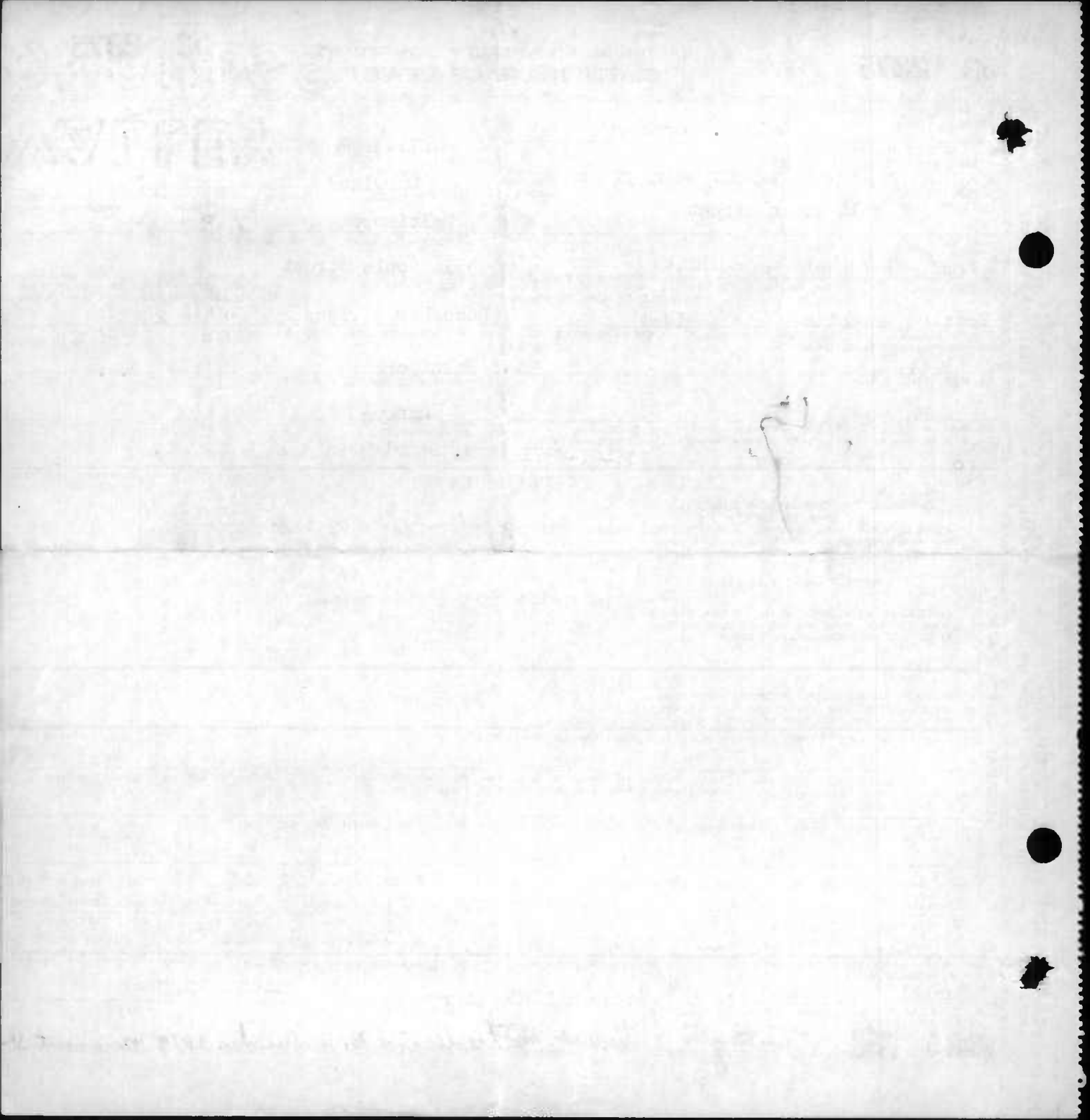
1917

53 2375

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2375
Registered No.

1. NAME OF DECEASED (Type or Print) Sadie V. Morgereth			2. DATE OF DEATH March 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-44		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3514 Noble Street			C. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3514 Noble Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH December 27, 1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY none			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Robinson			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 215-01-8371		
17. INFORMANT Mrs. Pearl Ross			ADDRESS 3514 Noble St.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-6-49 , 19__, to 3-3-53 , 19__, that I last saw the deceased alive on 2-4-53 , 19__, and that death occurred at 6:15pm. , from the causes and on the date stated above.					
23A. SIGNATURE John Constantine		23B. ADDRESS 234 S. Conkling Street		23C. DATE SIGNED 3-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 5, 1953		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	
24D. LOCATION (City, town, or county) 5829 Ritchie Highway		24E. FUNERAL DIRECTOR Fredrick B. Miller Inc		24F. ADDRESS 3019 Monument St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Fredrick B. Miller Inc	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2376

53 FVO 37814

1. NAME OF DECEASED (Type or Print) A. Harry McCollum			2. DATE OF DEATH March 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1801 Linden Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1884		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk		10B. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Howard McCollum			14. MOTHER'S MAIDEN NAME Mary Wills		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-05-4132	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO Arterio Sclerotic Heart Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yrs. No. of yrs		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2 - 20 - 1953 , to 3 - 2 - 1953 , that I last saw the deceased alive on 3 - 2 - 1953 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED March 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-5-53	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial		24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Md.	

VS 150

3908B

Henry Sander

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2377BIRTH NO. 53 23771. NAME OF DECEASED
(Type or Print)Mrs. Ida Oleman Saunders2. DATE
OF
DEATHMarch 4 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5507 Pilgrim Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY BaltimoreB. FULL NAME OF
HOSPITAL OR
INSTITUTION5507

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore County

D. STREET ADDRESS (If rural, give location)

906 Arran Rd5200

c. Length of stay in Baltimore

507Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

July 7 - 18849. AGE (In years
last birthday)68If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

August C. Oleman

14. MOTHER'S MAIDEN NAME

Amelia Minch.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)No16. SOCIAL
SECURITY NO.old age No → 217-0120618

17. INFORMANT

Henry Schorreck (son)

ADDRESS

5507 Pilgrim Rd.18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMA of sigmoid colon6 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 11, 1952

19B. MAJOR FINDINGS OF OPERATION

extensive cancer of sigmoid colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH NO.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1952, to March 4, 1953, that I last saw the
deceased alive on March 2, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A.S. Chalfaut m

M. D.

23B. ADDRESS

6210 York Rd

23C. DATE SIGNED

March 4, 5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Mar 6 1953

24C. NAME OF CEMETERY OR CREMATORY

Friends

24D. LOCATION (City, town, or county)

2506 Hayford Rd Bosto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRARMAR 5 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry M. Jenkins Sonoco 4905 York Rd

ADDRESS

Dr. Chalfant
6210 York Rd.

53 2378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2378

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMIL SCHWARTZ

2. DATE
OF
DEATH

MARCH 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

4613 PARK HTS. AVE
MT. SINAI NURSING HOME

location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

4613 Park Heights Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1869

9. AGE (in years
last birthday)

84

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon Schwartz

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4613

Mt Sinai Nursing Home Park Heights Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

VIRUS INFLUENZA

2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb 26, 1953, to March 4, 1953 that I last saw the
deceased alive on March 4, 1953, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Randolph H. Spitzberg

M. D.

23B. ADDRESS

5010 Denmore Ave

23C. DATE SIGNED

Mar 4, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 5/53

24C. NAME OF CEMETERY OR CREMATORY

New York City

24D. LOCATION (City, town, or county)

New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126 W

MAR 5 1953

H. H. Williams, M.D.

Sol. Lewinson Bros

North Ave

WASHINGTON FIELD OFFICE
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF DECEASED	
10. SIGNATURE OF WITNESS		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF CORONER	
13. SIGNATURE OF JUDGE		14. SIGNATURE OF CLERK		15. SIGNATURE OF SHERIFF	
16. SIGNATURE OF DISTRICT ATTORNEY		17. SIGNATURE OF COUNTY CLERK		18. SIGNATURE OF TOWNSHIP CLERK	
19. SIGNATURE OF VILLAGE CLERK		20. SIGNATURE OF CITY CLERK		21. SIGNATURE OF STATE CLERK	
22. SIGNATURE OF FEDERAL CLERK		23. SIGNATURE OF NATIONAL CLERK		24. SIGNATURE OF INTERNATIONAL CLERK	
25. SIGNATURE OF UNITED STATES CLERK		26. SIGNATURE OF AMERICAN CLERK		27. SIGNATURE OF EUROPEAN CLERK	
28. SIGNATURE OF ASIAN CLERK		29. SIGNATURE OF AFRICAN CLERK		30. SIGNATURE OF OCEANIC CLERK	
31. SIGNATURE OF ANTARCTIC CLERK		32. SIGNATURE OF ARCTIC CLERK		33. SIGNATURE OF SUBARCTIC CLERK	
34. SIGNATURE OF SUBANTARCTIC CLERK		35. SIGNATURE OF SUBOCEANIC CLERK		36. SIGNATURE OF SUBARCTIC CLERK	
37. SIGNATURE OF SUBANTARCTIC CLERK		38. SIGNATURE OF SUBOCEANIC CLERK		39. SIGNATURE OF SUBARCTIC CLERK	
40. SIGNATURE OF SUBANTARCTIC CLERK		41. SIGNATURE OF SUBOCEANIC CLERK		42. SIGNATURE OF SUBARCTIC CLERK	
43. SIGNATURE OF SUBANTARCTIC CLERK		44. SIGNATURE OF SUBOCEANIC CLERK		45. SIGNATURE OF SUBARCTIC CLERK	
46. SIGNATURE OF SUBANTARCTIC CLERK		47. SIGNATURE OF SUBOCEANIC CLERK		48. SIGNATURE OF SUBARCTIC CLERK	
49. SIGNATURE OF SUBANTARCTIC CLERK		50. SIGNATURE OF SUBOCEANIC CLERK		51. SIGNATURE OF SUBARCTIC CLERK	
52. SIGNATURE OF SUBANTARCTIC CLERK		53. SIGNATURE OF SUBOCEANIC CLERK		54. SIGNATURE OF SUBARCTIC CLERK	
55. SIGNATURE OF SUBANTARCTIC CLERK		56. SIGNATURE OF SUBOCEANIC CLERK		57. SIGNATURE OF SUBARCTIC CLERK	
58. SIGNATURE OF SUBANTARCTIC CLERK		59. SIGNATURE OF SUBOCEANIC CLERK		60. SIGNATURE OF SUBARCTIC CLERK	
61. SIGNATURE OF SUBANTARCTIC CLERK		62. SIGNATURE OF SUBOCEANIC CLERK		63. SIGNATURE OF SUBARCTIC CLERK	
64. SIGNATURE OF SUBANTARCTIC CLERK		65. SIGNATURE OF SUBOCEANIC CLERK		66. SIGNATURE OF SUBARCTIC CLERK	
67. SIGNATURE OF SUBANTARCTIC CLERK		68. SIGNATURE OF SUBOCEANIC CLERK		69. SIGNATURE OF SUBARCTIC CLERK	
70. SIGNATURE OF SUBANTARCTIC CLERK		71. SIGNATURE OF SUBOCEANIC CLERK		72. SIGNATURE OF SUBARCTIC CLERK	
73. SIGNATURE OF SUBANTARCTIC CLERK		74. SIGNATURE OF SUBOCEANIC CLERK		75. SIGNATURE OF SUBARCTIC CLERK	
76. SIGNATURE OF SUBANTARCTIC CLERK		77. SIGNATURE OF SUBOCEANIC CLERK		78. SIGNATURE OF SUBARCTIC CLERK	
79. SIGNATURE OF SUBANTARCTIC CLERK		80. SIGNATURE OF SUBOCEANIC CLERK		81. SIGNATURE OF SUBARCTIC CLERK	
82. SIGNATURE OF SUBANTARCTIC CLERK		83. SIGNATURE OF SUBOCEANIC CLERK		84. SIGNATURE OF SUBARCTIC CLERK	
85. SIGNATURE OF SUBANTARCTIC CLERK		86. SIGNATURE OF SUBOCEANIC CLERK		87. SIGNATURE OF SUBARCTIC CLERK	
88. SIGNATURE OF SUBANTARCTIC CLERK		89. SIGNATURE OF SUBOCEANIC CLERK		90. SIGNATURE OF SUBARCTIC CLERK	
91. SIGNATURE OF SUBANTARCTIC CLERK		92. SIGNATURE OF SUBOCEANIC CLERK		93. SIGNATURE OF SUBARCTIC CLERK	
94. SIGNATURE OF SUBANTARCTIC CLERK		95. SIGNATURE OF SUBOCEANIC CLERK		96. SIGNATURE OF SUBARCTIC CLERK	
97. SIGNATURE OF SUBANTARCTIC CLERK		98. SIGNATURE OF SUBOCEANIC CLERK		99. SIGNATURE OF SUBARCTIC CLERK	
100. SIGNATURE OF SUBANTARCTIC CLERK		101. SIGNATURE OF SUBOCEANIC CLERK		102. SIGNATURE OF SUBARCTIC CLERK	

T-524
53 2379BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2379
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Hattie Tinsley		2. DATE OF DEATH March-1-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 420 South Dallas Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 50 Yrs.		D. STREET ADDRESS (If rural, give location) 420 South Dallas Street			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Richmond	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Schley Eddie 420 S. Dallas St	
18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		CAUSE OF DEATH (A) Cerebral arteriosclerosis DUE TO (B) Hypertension DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 9 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2. 1943 to 3. 1. 1953 , that I last saw the deceased alive on 3. 1. 1953 and that death occurred at 5A m., from the causes and on the date stated above.					
23A. SIGNATURE W. Le Roy Perry		23B. ADDRESS 1420 G. Chase		23C. DATE SIGNED 3. 5. 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/5/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Huntington Williams, 1000 Brantley Ave			
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 1953		REGISTRAR'S SIGNATURE Huntington Williams			

1000

CERTIFICATE OF DEATH

1000-1-10

1000

1000

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Gen. Carl G. ...
Major General

1000

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1000

1000

520
53 2380BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2380

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAGGIE JAMES

2. DATE
OF
DEATH

2-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

37 Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

MD. BALTIMORE CITY
Baltimore 5-02

c. Length of stay in Baltimore

65 yrs.

D. STREET ADDRESS (If rural, give location)

905 LOW ST.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

53 yrs.

9. AGE (In years last birthday)

53

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

not home

14. MOTHER'S MAIDEN NAME

Margaret Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Ester McHair

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28-1953 to 2-28-1953, that I last saw the deceased alive on 2-28-1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. DeBenedictis

23B. ADDRESS

M. D. 1200 N. York

23C. DATE SIGNED

2-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/5/53

24C. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery, Brooklyn, NY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 5 1953

FUNERAL DIRECTOR

Chas. A. Williams

ADDRESS

Baltimore

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

0880

83

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

0880

83



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-423
53 2381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 422-153 2381
Registered No. 53-2381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillie Alston

2. DATE
OF
DEATH

2-28-53

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1616 W. Mulberry St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Wash. Co., N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Alston

14. MOTHER'S MAIDEN NAME

Marnia Alston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
Annie Cooper

ADDRESS

1718 Cairo St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO Arteriosclerotic Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wilson

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/5/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Brooklyn,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

Mar. 5, 1953

REGISTRAR'S SIGNATURE

Huntington Williams

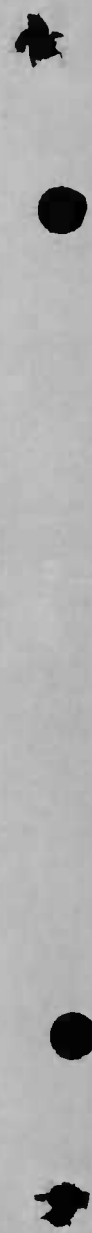
25. FUNERAL DIRECTOR

Elroy O. Wilson

ADDRESS

1000 Brantly Ave.

1925 51 1892 21



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2382**

BIRTH NO.

53 2382**52-29636**1. NAME OF DECEASED
(Type or Print)**ONETHA****WATSON**2. DATE
OF
DEATH**March 3, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**1804 Clifton Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1804 Clifton Avenuec. Length of stay in Baltimore **Life**Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

Dec-10-19529. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.**2**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY**None**

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Nathan Watson

14. MOTHER'S MAIDEN NAME

Mary Frances Genyard15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Watson 1804 Clifton Ave18. **525X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Interstitial pneumonitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 4, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

3/5/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

MAR 5 1953**Huntington Williams, M.D.****Elroy Wilson****1150 Beulah St**

19

19

CERTIFICATE OF DEATH

19

19



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2383

Registered No.

53 2383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isreal O. MOORE

2. DATE
OF
DEATH

March 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore 12 Yrs.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1716 E. Lombard Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

53

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Nebon N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Moore

14. MOTHER'S MAIDEN NAME

Bettie Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice Moore 1617 E. Lombard St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive cardiovascular disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 2, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/5/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5 1953

REGISTRAR'S SIGNATURE

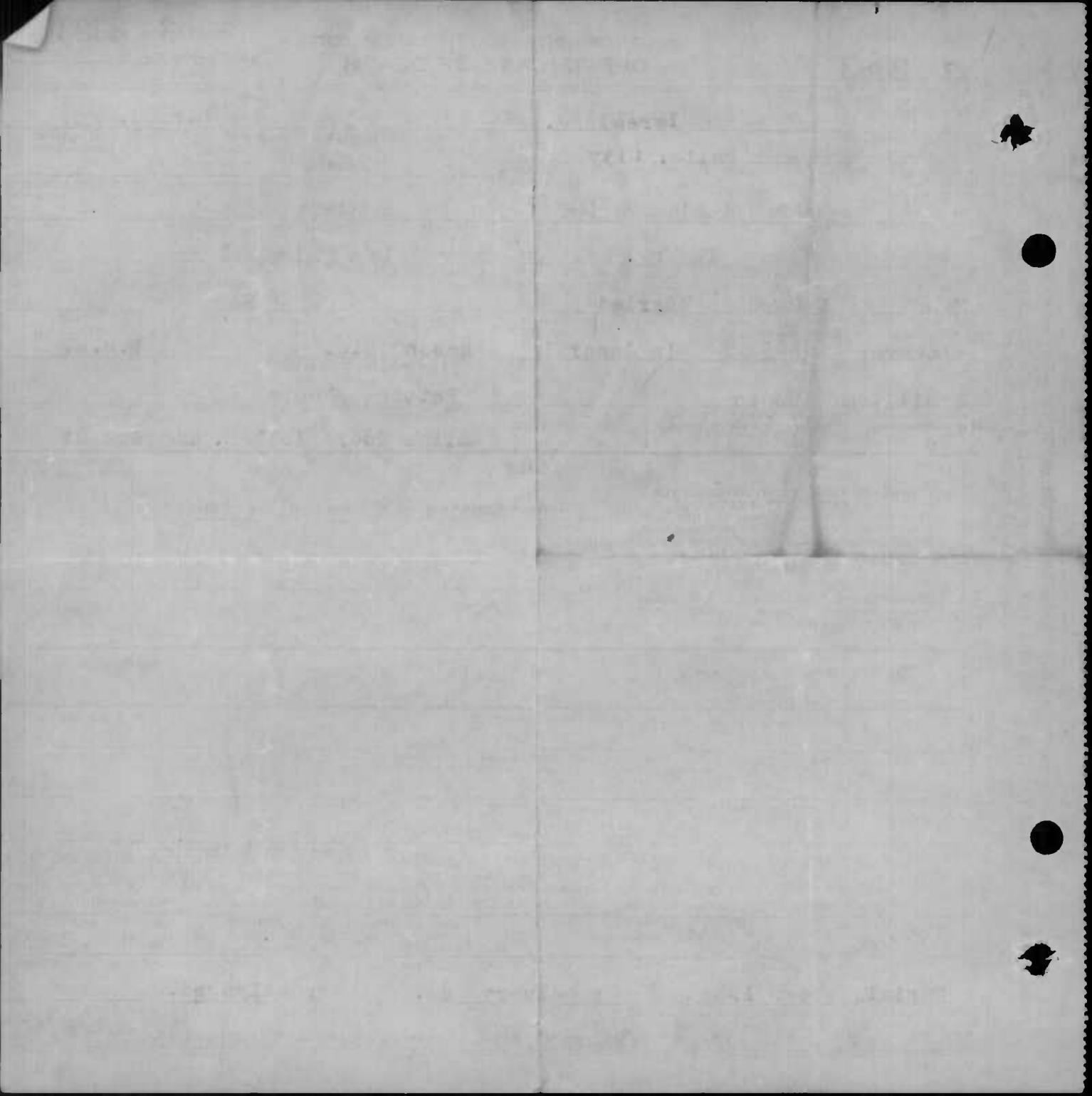
Huntington Williams

25. FUNERAL DIRECTOR

M. Thayer Wilson

ADDRESS

1000 Bently Ave



STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of medical examiner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of family		20. Signature of friends		21. Signature of neighbors	
22. Signature of community		23. Signature of church		24. Signature of school	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
67. Signature of other		68. Signature of other		69. Signature of other	
70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	

53 2385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2385
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eliza Saunders Johnson

2. DATE
OF
DEATH

March 2, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

816 N. Fulton Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, City.

16-04

D. STREET ADDRESS (If rural, give location)

816 N. Fulton Ave.

C. Length of stay in Baltimore

5 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1873

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Westmoreland Co., Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Bushrod

14. MOTHER'S MAIDEN NAME

Lettie

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Rosie Saunders-934 Sharp Street

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February, 1953, to March 2, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, City.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 1953

Huntington Williams, M.D. Isaiah L. Brown & Son

108 W. Montgomery St.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
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41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

53 2386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILY L. PUE STAUM

2. DATE
OF
DEATH

March 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2733 St. Paul St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2733 St. Paul St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 22, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles R. Pue

14. MOTHER'S MAIDEN NAME

Matilda Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John R. M. Staum - 2733 St. Paul St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Arteriosclerosis

Indefinite

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Ch. Myocarditis

Indefinite

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Old Myocardial Infarction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from _____, 1941, to Mar 3, 1953 that I last saw the
deceased alive on Mar 2, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel M Beck

M. D.

23B. ADDRESS

2818 St Paul St

23C. DATE SIGNED

Mar 4 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balt., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

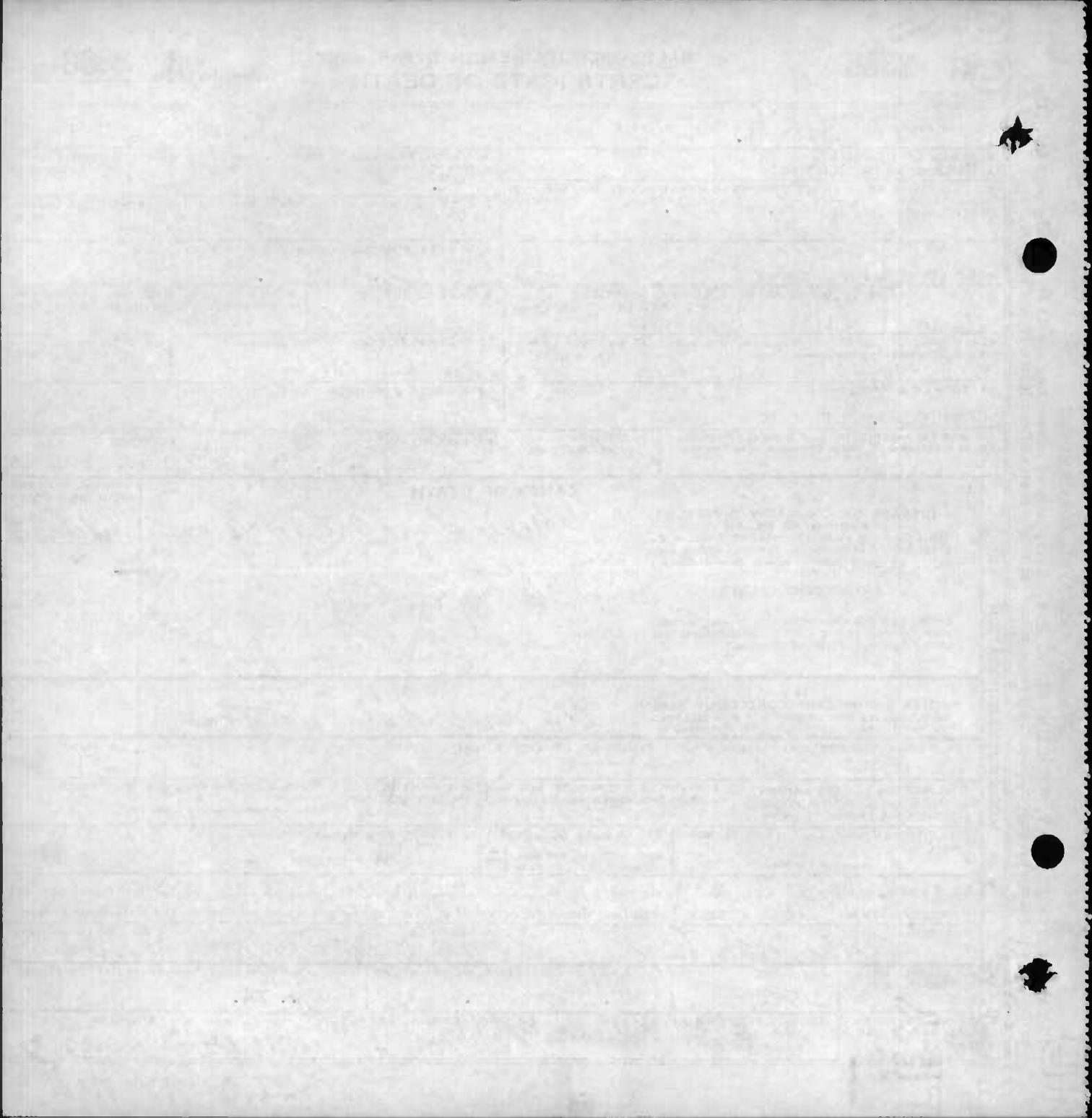
ADDRESS

Balt 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.



G-435

53 2387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2387
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Golden

2. DATE
OF
DEATH

March 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Surg / Hal 28

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Fairfield 25-06

D. STREET ADDRESS (If rural, give location)

3217 Fairfield Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED SERVICE?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 163x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Diffuse bronchopneumonia

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Esophago bronchial fistula

? 1 mth.

(C) DUE TO

Carcinoma of bronchus

—

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-13-1953 to 3-3-1953, that I last saw the
deceased alive on 3-3-1953 and that death occurred at 8:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dwight E. McLean

M. D.

JOHNS HOPKINS HOSPITAL

3/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 8, 1953

Mt Calvary Cemetery

A. A. B. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 1953

Huntington Williams

1557 E. Cherry St

A

VS 150

9703U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF BIRTH

STATE OF NEW YORK

1913

28



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-600
53 2388BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2388

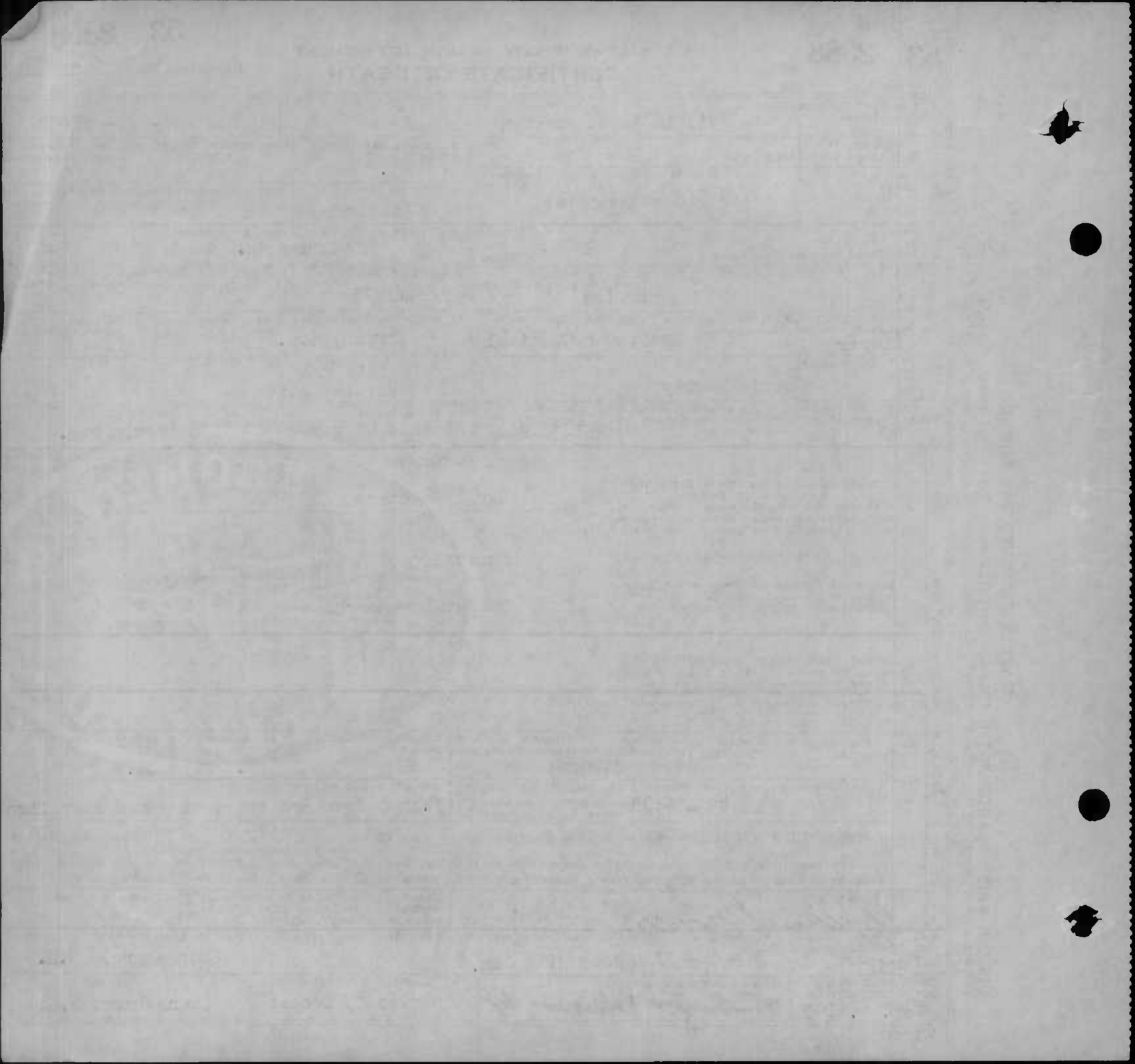
Registered No. 53-2388

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Willie Amens Murray		2. DATE OF DEATH 3 - 1 - 53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md.		b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		d. STREET ADDRESS (If rural, give location) 522 Brune St. 17-03	
c. Length of stay in Baltimore 1 YR.		Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/14/1925	9. AGE (In years last birthday) 27	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mathieson Chemical		11. BIRTHPLACE (State or foreign country) Bowman, S.C.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Norris Murray		14. MOTHER'S MAIDEN NAME Virgie Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 251-30-8521		17. INFORMANT ADDRESS Alethia Murray 1136 Argyle Ave.	
18. E916.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture (A) DUE TO		CAUSE OF DEATH Contusion of Brain (B) DUE TO Subdural Hemorrhage (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 522 N. Brune St.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 1 53 - 4:35		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? jumped from 3rd story window during fire	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE Willie Amens Murray		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3 - 8 - 53		24c. NAME OF CEMETERY OR CREMATORY Rock Hill Cem.	
24d. LOCATION (City, town, or county) (State) Orangeburg, S.C.		25. FUNERAL DIRECTOR Charles G. Cooper		ADDRESS Orangeburg, S.C.	

VS 151

N803.2

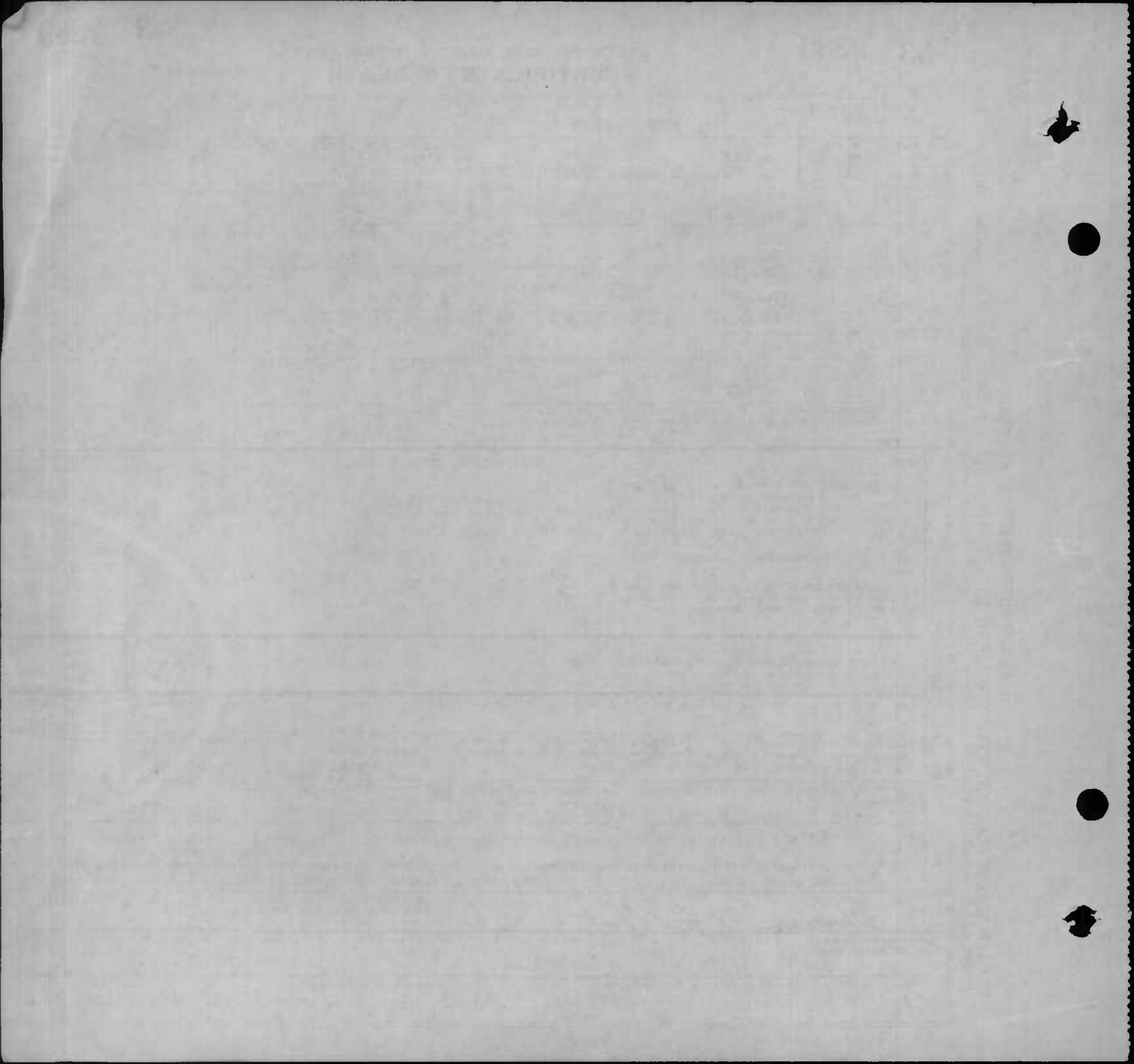
9704R



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2389		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53-2389	
BIRTH NO. <i>Non Rec.</i>		1. NAME OF DECEASED (Type or Print) Wallace Murray		2. DATE OF DEATH March 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
8. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		O. STREET ADDRESS (If rural, give location) 522 Brune St.		c. Length of stay in Baltimore 1 yr. Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/30/1949	9. AGE (In years last birthday) 3	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Orangeburg, S. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willie A. Murray		14. MOTHER'S MAIDEN NAME Alethia Reed		17. INFORMANT ADDRESS Alethia Murray 1136 Argyle Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none			
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxiation due to Carbon Monoxide		CAUSE OF DEATH (A) Asphyxiation due to Carbon Monoxide DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) home-522 N. Brune St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-1-53 4:35 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Asphyxiation due to conflagration	
22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/8/53	24C. NAME OF CEMETERY OR CREMATORY Rock Hill		24D. LOCATION (City, town, or county) (State) Orangeburg, S. C.	
DATE RECEIVED BY LOCAL REGISTRAR 3/5/53	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles G. Cooper		ADDRESS 512 Carrollton Ave.
VS 151 N968.0					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

53 2390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2390
Registered No. 53-23901. NAME OF DECEASED
(Type or Print)

Willie James Murray

2. DATE
OF
DEATH

3 - 1 - 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

522 Brune St. 17-03

c. Length of stay in Baltimore

1 YR.

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

12/1/1945

9. AGE (In years
last birthday)

7

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STUDENT AT PUBLIC SCHOOL

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Township, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Willie A. Murray

14. MOTHER'S MAIDEN NAME

Alethia Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Alethia Murray

ADDRESS

1136 Argyle Ave.

18E916.0
I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Asphyxiation due to Carbon Monoxide

ANTECEDENT CAUSES

(B) DUE TO

2nd & 3rd Degree Burns 50% Body

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
HOME21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

522 N. Brune St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 3 1 53 4:3521E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

asphyxiation due to conflagration

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/8/53

24C. NAME OF CEMETERY OR CREMATORY

Rock Hill

24D. LOCATION (City, town, or county)

Orangeburg, S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAR. 5/1953

REGISTRAR'S SIGNATURE

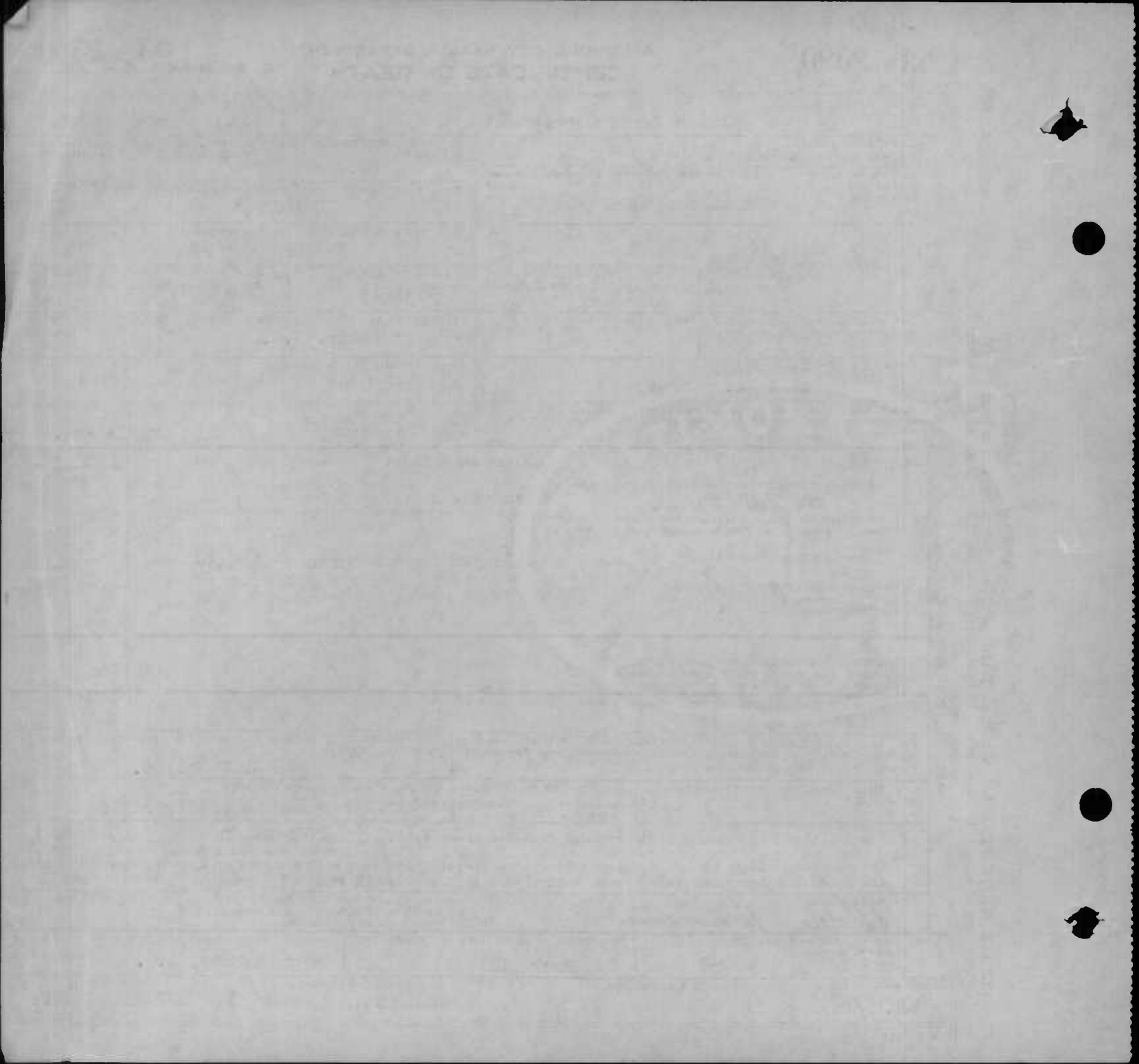
25. FUNERAL DIRECTOR

CHARLES G. COOPER

ADDRESS

512 CARROLLTON AVE.

VS 151 N968.0



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

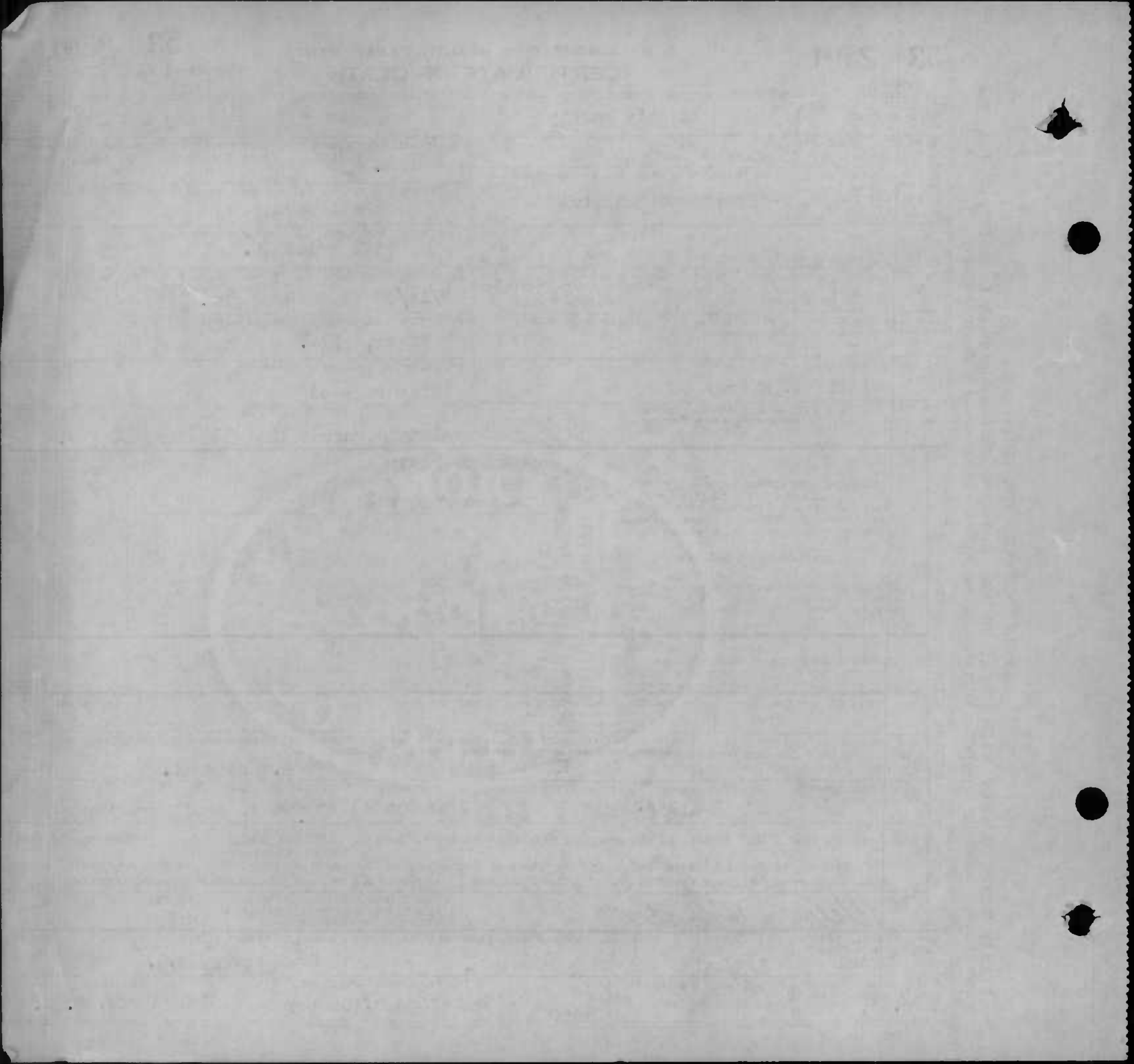
M-600

53 2391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2391
Registered No. 53-2391

BIRTH NO. <i>Non Rec</i>		1. NAME OF DECEASED (Type or Print) Archie Murray		2. DATE OF DEATH 3 - 1 - 53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 522 Brune St. 17-03	
c. Length of stay in Baltimore 1 YR.		Yrs. 1 Mos. 0 Days 0			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/14/50	9. AGE (in years last birthday) 2 yrs.	10. Under 1 Year Months: 0 Days: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Miami, Fla.		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME Willie A. Murray		14. MOTHER'S MAIDEN NAME Alethia Reed			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS Alethia Murray (M) 1136 Argyle Ave.		
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carbon Monoxide DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Carbon Monoxide DUE TO ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 522 N. Brune St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 1 53-4:35A.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? asphyxiation due to conflagration	
22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Cooper</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/8/53		24C. NAME OF CEMETERY OR CREMATORY ROCK HILL CEM.	
24D. LOCATION (City, town, or county) (State) Orangeburg, S.C.		24E. NAME OF CEMETERY OR CREMATORY ROCK HILL CEM.		24F. LOCATION (City, town, or county) (State) Orangeburg, S.C.	
DATE RECEIVED BY LOCAL REGISTRAR Mar. 5, 1953		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR ADDRESS Charles G. Cooper Orangeburg, S. C.	

VS 151 N 968.0



M-632

53 2392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2392

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN L. MERTZ

2. DATE
OF
DEATH

Mar. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

26-05

C. Length of stay in Baltimore

60 Yrs

D. STREET ADDRESS (If rural, give location)

442 S. Elrino St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-14-1891

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Cray Concrete Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

? ?

17. INFORMANT

ADDRESS

Bertha Mertz 442 Elrino St.

18. E976x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Gunshot wound of
head

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home-basement

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

442 S. Elrino Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1:00 P.M., March 4, 1953

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot self through mouth

22. I certify that I took charge of the remains described above, held an Inquiry + Inspection from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Francis J. Januszewski

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Palto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

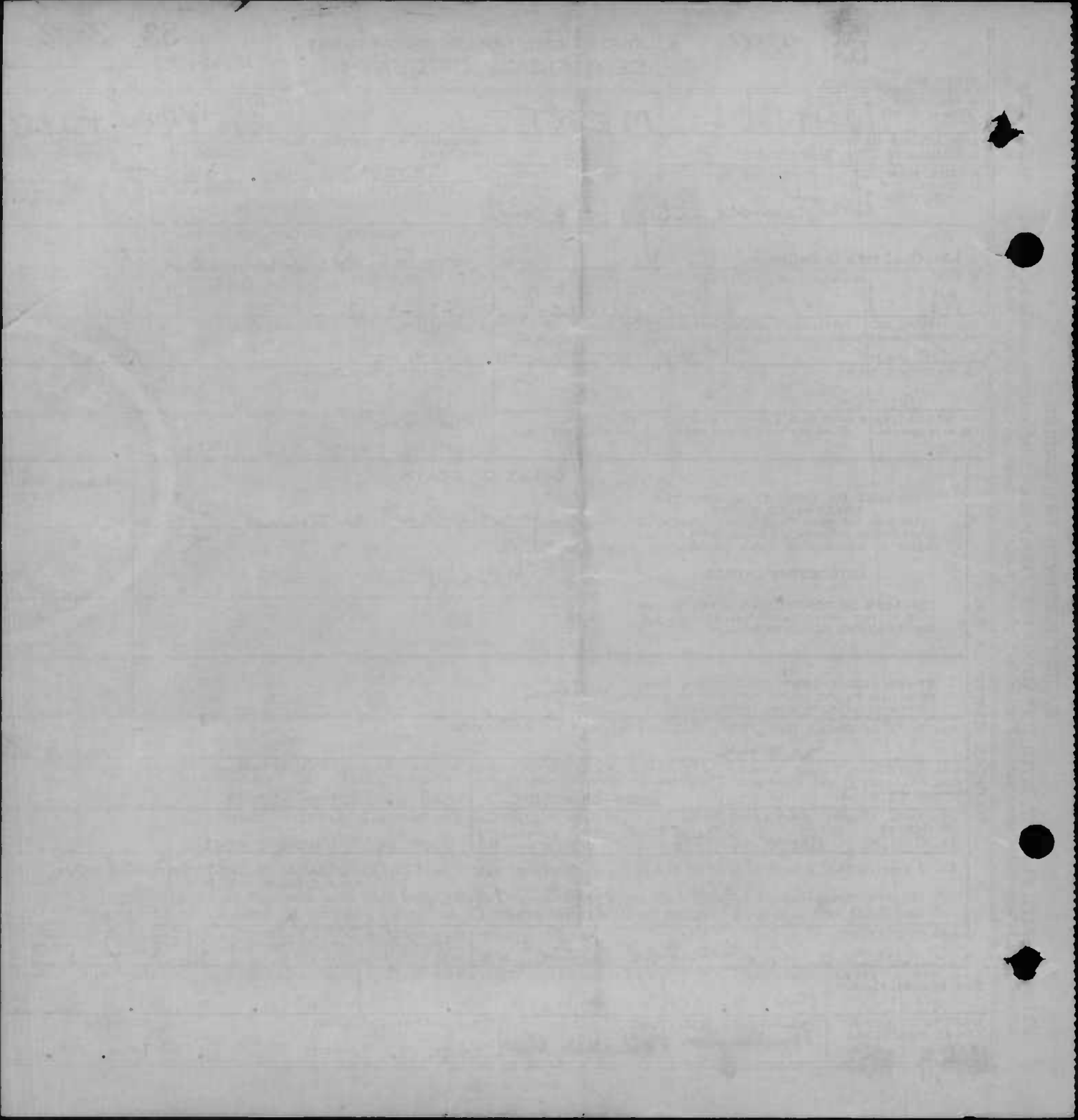
ADDRESS

John A. Moran 3000 E. Palto. St.

MAR 5 1953
V S 151

N 80314

76324



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Miriam Sands Helmker

2. DATE

OF

DEATH

March 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4717 Eierman Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Harundale

D. STREET ADDRESS (If rural, give location)

1003 Fitzallen Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 3, 1878

9. AGE (In years

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Manheim

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Charles T. Sands, Jr., 4717 Eierman Ave.

18. 422.1 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congestive cardiac-vascular disease

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerosis

10 yrs?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arthritis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1953, to Mar. 3, 1953, that I last saw the deceased alive on 3-3, 1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Moore

M. D.

23B. ADDRESS

3105 Belair Rd.

23C. DATE SIGNED

3-4-53

24A. BURIAL CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

FILE NO.

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2394
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Margaret Collins
Orth.2. DATE
OF
DEATH

March 4-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

100 S. Potomac St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-4-82

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none-housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Bulony

14. MOTHER'S MAIDEN NAME

Helen Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 203X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Multiple myeloma
DUE TO

8 years?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-1952 to 3-4-1953, that I last saw the deceased alive on 3-4-1953, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. G. Packer

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

St Peter's Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 1953

1950 20

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE

TABLE 1

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT
WASHINGTON, D.C.

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT
WASHINGTON, D.C.

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT
WASHINGTON, D.C.

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT
WASHINGTON, D.C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2395

Registered No. _____

BIRTH NO. 52-27771

1. NAME OF DECEASED
(Type or Print)

EARL R. FRANKLIN II

2. DATE
OF
DEATH

March 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Woman's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-02

(township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1202 John Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/15/1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

3 mo. 19

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Earl Franklin

14. MOTHER'S MAIDEN NAME

Betty J. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Earl Franklin 1202 John st.

18. 391.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute bilateral otitis media

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 4, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/6/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Cook Inc 1217 St. Paul St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2396

Registered No.

53 2396

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Bangs

2. DATE
OF
DEATH

Mar. 3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-03

D. STREET ADDRESS (If rural, give location)

409 h. Madera St

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

11-8-182

9. AGE (In years
last birthday)

70

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired - packer

10B. KIND OF BUSINESS OR
INDUSTRY

Martin Gillet Tea Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry W. Bangs

14. MOTHER'S MAIDEN NAME

Mary Coyne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-01-1542

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 332 X and 260 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MIDDLE CEREBRAL ARTERY THROMBOSIS

4 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIO-SCLEROSIS

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1953, to 3-3, 1953, that I last saw the
deceased alive on 3-3, 1953, and that death occurred at 9 4 m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Stevens Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March, 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

VS 150

69047

M-460

CERTIFICATE CORRECTED 3-13-53

53 2397

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2397

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick A L Muller

2. DATE
OF
DEATH

March 3 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1513 E. 29th, St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1513 East 29th

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

June 6 1881

9. AGE (In years
last birthday)

71

(7-3)

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

paper cutter

10B. KIND OF BUSINESS OR
INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick A L Muller

14. MOTHER'S MAIDEN NAME

Catherine Werner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Emma Muller 1513 E 29th

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardia. was-
DUE TO Cular Renal Disease

13 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prostatic hypertrophy

?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5 1949, to 2-18- 1953, that I last saw the
deceased alive on 2-18 1953, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Sueton C. Rang

M. O.

23B. ADDRESS

2117 Belair Rd

23C. DATE SIGNED

3-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 6/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Welsh Funeral Home 2004 Orleans

VS 150

6904J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

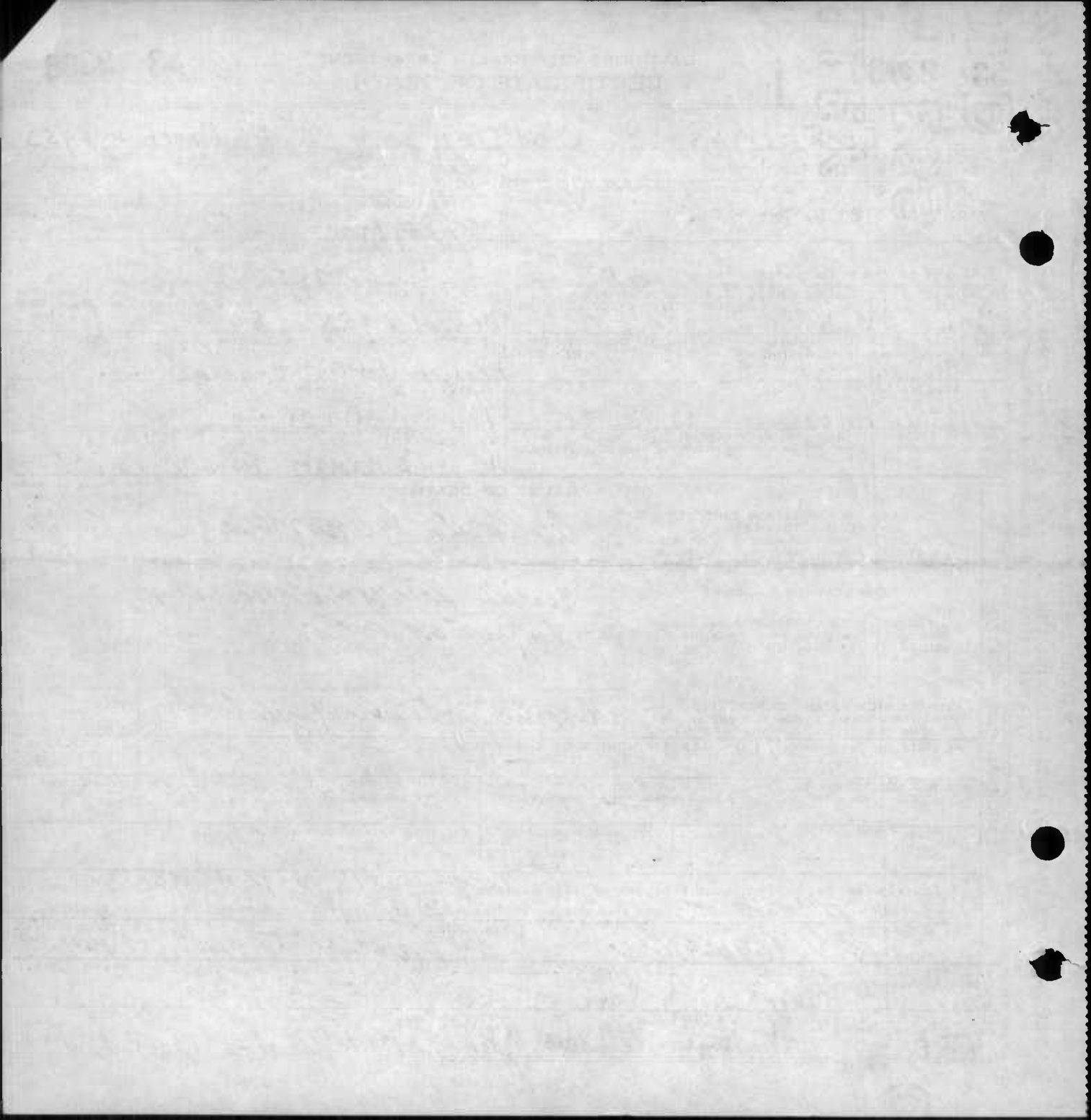
MARGIN RESERVED FOR BINDING

53 2398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2398

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Dr. THOMAS S. CULLEN		
2. DATE OF DEATH March 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02		
6. STREET ADDRESS (If rural, give location) 20 E. Eager St.		
c. Length of stay in Baltimore 60 Yrs. 0 Mos. 0 Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 4, 1953		9. AGE (in years; last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bridgewater, Ont. Canada		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Rev. Thomas Cullen		14. MOTHER'S MAIDEN NAME Mary Greene
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.
17. INFORMANT Mr. John B. Ramsey		ADDRESS 800 W. Belvedere Ave.
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile arteriosclerosis & hypertension Chronic cystitis & pyelitis		
CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 3 days		
19A. DATE OF OPERATION 0		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 1951 to Mar. 4, 1953 , that I last saw the deceased alive on Mar 4, 1953 , and that death occurred at 9:45 a. m. , from the causes and on the date stated above.		
23A. SIGNATURE Paul H. LeBoeuf		
23B. ADDRESS 24 E. Eager St Balt.		
23C. DATE SIGNED Mar 4 '53		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		
24B. DATE March 4, 1953		
24C. NAME OF CEMETERY OR CREMATORY Spring Hill		
24D. LOCATION (City, town, or county) (State) Easton Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 6 1953		
REGISTRAR'S SIGNATURE Huntington Williams		
FUNERAL DIRECTOR John O. Mitchell		
ADDRESS 1900 Eutaw Pl.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2399

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Green

2. DATE
OF DEATH

March 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2710 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

2708 Guilford Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 19, 1892

9. AGE (In years last birthday)

65

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Advertising

11. BIRTHPLACE (State or foreign country)

Wates C. N. Y.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Elzer B. Green

14. MOTHER'S MAIDEN NAME

Linnie Van Velsor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes World War I

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Mrs Mary R. Green

ADDRESS

2708 Guilford Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Artery Disease 4 years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Coronary Occlusion 4 years ago.
none.

19A. DATE OF OPERATION

none.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1948, to March 3, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank N. O'Brien

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

Mar. 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 6/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

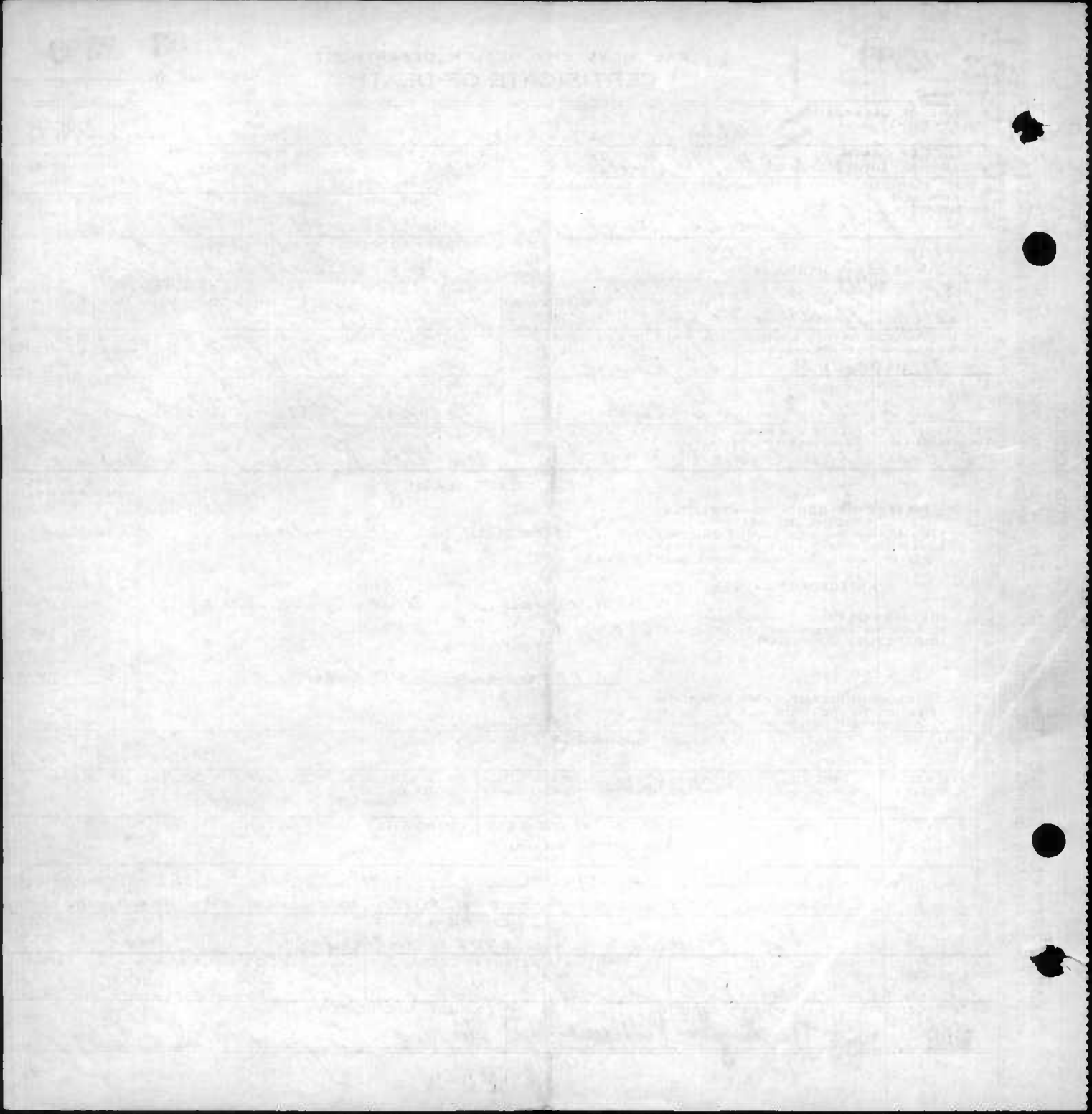
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James Byers

ADDRESS

5005 R. H. High



53 2400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2400

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VICTOR SPRUILL

2. DATE
OF
DEATHMARCH 4TH '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland FRANKLIN SQ. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTIMORE MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

C. Length of stay in Baltimore

24 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3910 GROVELAND AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE/MARRIED.

WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

July 11 1891

9. AGE (In years last birthday)

61

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

N C

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES B. Spruill

14. MOTHER'S MAIDEN NAME

BETTY JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
218-05-4490

17. INFORMANT

ADDRESS

Mrs Mabel A Spruill 3910 Groveland Ave.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HEART FAILURE

DUE TO

ANTECEDENT CAUSES

(B) CIRRHOSIS OF LIVER

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2 - 27, 1953, to 3 - 4, 1953 that I last saw the deceased alive on 3 - 4, 1953, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. I. Spruill

M. D.

23B. ADDRESS

Franklin Square Hospital.

23C. DATE SIGNED

3/4-53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953

Huntington Williams, M.D.

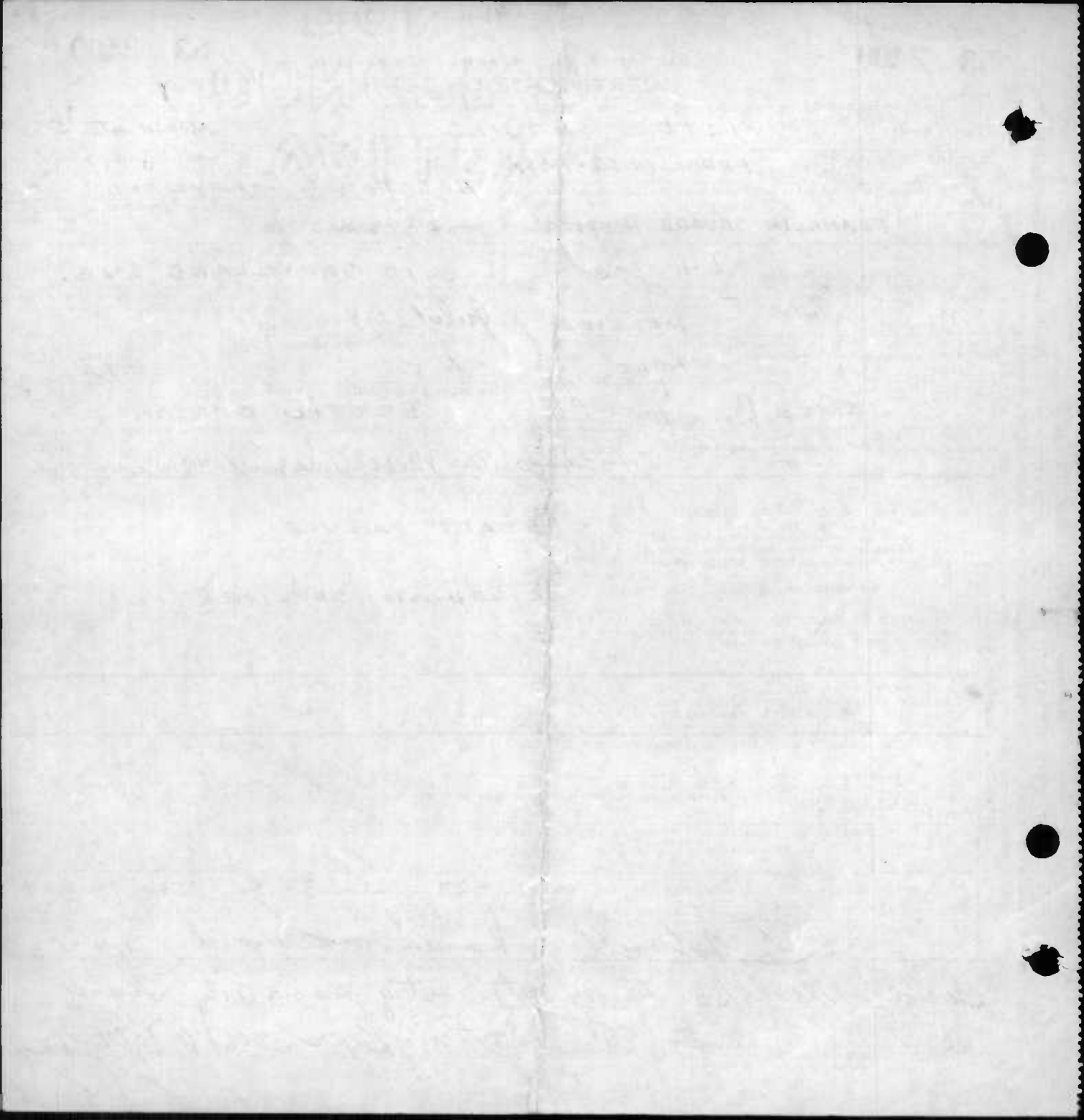
5005 Ph. Lights Ave.

VS 150

51024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



H-540
53 2401BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2401

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) LEROY ROOSEVELT HAMEL	
2. DATE OF DEATH February 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH W N
9. AGE (In years last birthday) 45?	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
11. BIRTHPLACE (State or foreign country) N	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N	14. MOTHER'S MAIDEN NAME N
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. W N
17. INFORMANT ADDRESS	
18. E929.8 CAUSE OF DEATH N	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning (found drowned) DUE TO	
ANTECEDENT CAUSES (B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Patapsco River	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of Howard Street 23/1	
21D. TIME (Month) (Day) (Year) (Hour) Found: 2/16/53 7:15 P.m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Found drowned	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .	
23A. SIGNATURE William L. Williams M.D.	
23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Feb. 19, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL FEB 27 1953	
24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 6 1953	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1955

STANDARD

1955

1955

W-425
53 2402BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2402
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilson Frank

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

126 1/2 Market Place
C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

4-01

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John WILSON

14. MOTHER'S MAIDEN NAME

Kate Allender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1953, to Feb 20, 1953 that I last saw the
deceased alive on Feb 20, 1953, and that death occurred at 10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

William Horner M. D.

23B. ADDRESS

Univ Hospital

23C. DATE SIGNED

2-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIV. JOHN HOPKINS MEDICAL SCHOOL FEB 27 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953

VS 150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of health officer		14. Signature of county clerk		15. Signature of city clerk		16. Signature of town clerk	
17. Signature of village clerk		18. Signature of school district clerk		19. Signature of fire district clerk		20. Signature of water district clerk	
21. Signature of sewer district clerk		22. Signature of gas district clerk		23. Signature of electric district clerk		24. Signature of telephone district clerk	
25. Signature of other district clerk		26. Signature of other district clerk		27. Signature of other district clerk		28. Signature of other district clerk	
29. Signature of other district clerk		30. Signature of other district clerk		31. Signature of other district clerk		32. Signature of other district clerk	
33. Signature of other district clerk		34. Signature of other district clerk		35. Signature of other district clerk		36. Signature of other district clerk	
37. Signature of other district clerk		38. Signature of other district clerk		39. Signature of other district clerk		40. Signature of other district clerk	
41. Signature of other district clerk		42. Signature of other district clerk		43. Signature of other district clerk		44. Signature of other district clerk	
45. Signature of other district clerk		46. Signature of other district clerk		47. Signature of other district clerk		48. Signature of other district clerk	
49. Signature of other district clerk		50. Signature of other district clerk		51. Signature of other district clerk		52. Signature of other district clerk	
53. Signature of other district clerk		54. Signature of other district clerk		55. Signature of other district clerk		56. Signature of other district clerk	
57. Signature of other district clerk		58. Signature of other district clerk		59. Signature of other district clerk		60. Signature of other district clerk	
61. Signature of other district clerk		62. Signature of other district clerk		63. Signature of other district clerk		64. Signature of other district clerk	
65. Signature of other district clerk		66. Signature of other district clerk		67. Signature of other district clerk		68. Signature of other district clerk	
69. Signature of other district clerk		70. Signature of other district clerk		71. Signature of other district clerk		72. Signature of other district clerk	
73. Signature of other district clerk		74. Signature of other district clerk		75. Signature of other district clerk		76. Signature of other district clerk	
77. Signature of other district clerk		78. Signature of other district clerk		79. Signature of other district clerk		80. Signature of other district clerk	
81. Signature of other district clerk		82. Signature of other district clerk		83. Signature of other district clerk		84. Signature of other district clerk	
85. Signature of other district clerk		86. Signature of other district clerk		87. Signature of other district clerk		88. Signature of other district clerk	
89. Signature of other district clerk		90. Signature of other district clerk		91. Signature of other district clerk		92. Signature of other district clerk	
93. Signature of other district clerk		94. Signature of other district clerk		95. Signature of other district clerk		96. Signature of other district clerk	
97. Signature of other district clerk		98. Signature of other district clerk		99. Signature of other district clerk		100. Signature of other district clerk	

53 2403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2403
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theodore Borowy

2. DATE
OF
DEATH

Mch. 3 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1613 Shakespeare St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 20/22

9. AGE (In years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Automobile

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Borowy

14. MOTHER'S MAIDEN NAME

Mary Gieza

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alexander Borowy

18. 401.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Rheumatic Pericarditis

DUE TO

July 15/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Bronchitis

DUE TO

July 15/50

(C) Acute Coronary Occlusion

Mar 3/52

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED
WHILE AT WORK ☐ WHILE
AT WORK ☐

m.

21F. HOW DID INJURY OCCUR?

None.

22. I hereby certify that I attended the deceased from July 15, 1950, to March 3, 1952, that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

F. Schimunek

M. D.

23B. ADDRESS

8428 Eastern Ave

23C. DATE SIGNED

3-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 7/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurmon W. Williams, M.D.

FUNERAL DIRECTOR

Fred W. Ozogowski

ADDRESS

1930 Eastern Ave

1940

BALTIMORE CITY DEPARTMENT OF HEALTH

THE CITY

CERTIFICATE OF DEATH

100



F-430

53 2404

ELLIOTT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2404
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugene Elliott

2. DATE
OF
DEATH

3/4.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6 N. Cross St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

Apr. - 1928

9. AGE (In years
last birthday)

24

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter's Helper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew E. Elliott

14. MOTHER'S MAIDEN NAME

Laura Rescovein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO

219-227464

17. INFORMANT

M. A. E. Elliott

ADDRESS

Home

18. 002X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William B. [Signature] M.D.

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.

23A. SIGNATURE

W. R. Johnson

M. D.

23B. ADDRESS

403 Med Arts Bldg 3/4.53

23C. DATE SIGNED

3/4.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/7/53

24C. NAME OF CEMETERY OR CREMATORY

Crown Hill

24D. LOCATION (City, town, or county)

Riviera Highway

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

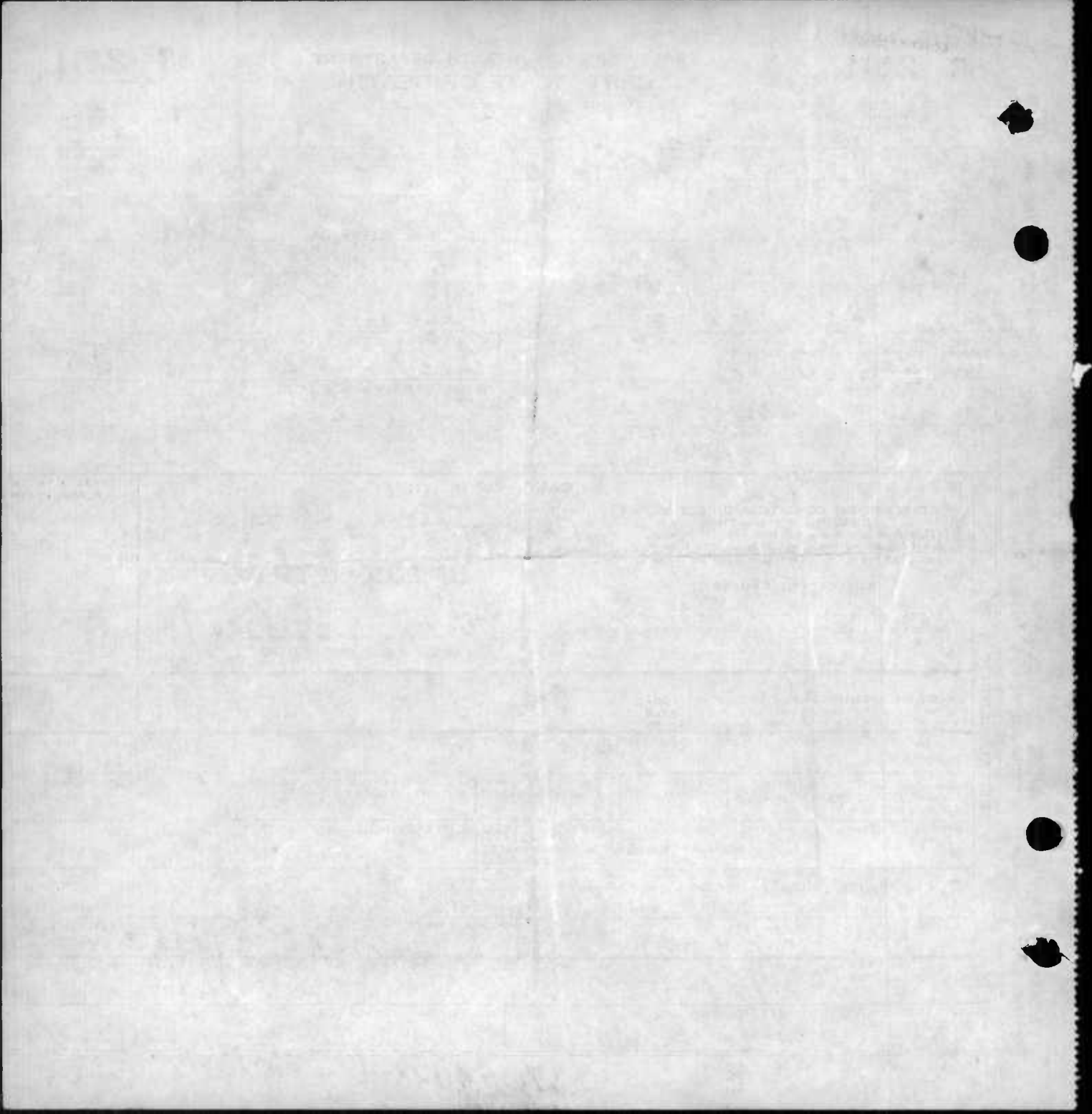
25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953
VS 150

Huntington Williams M.D. 1318 Light

D O O 251024 Det 015 by Dr. F. S. Cher



53 2405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2405
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM RAITZYK

2. DATE
OF
DEATH

3-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2630 Loyola Southway

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2630 Loyola Southway

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT

ADDRESS

Milton Raitzyk - Same

18. 4 20.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

10 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952 to 3-5-1953 that I last saw the deceased alive on 3-5-1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. A. Johnson

M. D.

23B. ADDRESS

1109 N. Calvert St

23C. DATE SIGNED

3-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARCH 6 1953
VS 150

Huntington Hall, Md. J. Lewis Inc 2100 Eutaw Pl

3406E

Assessment
40yr Moorehead Rd
No 0170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

W-340

53 2406

BALTIMORE CITY HEALTH DEPARTMENT

53 2406

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53-01986

1. NAME OF DECEASED
(Type or Print)

Chester Leonard Hearley

2. DATE OF DEATH

1-29 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Proident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

22-02

D. STREET ADDRESS (If rural, give location)

846 S. Eutaw St

C. Length of stay in Baltimore

3 Mos Days

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify)

8. DATE OF BIRTH

1/26/53

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Albert Hearley

14. MOTHER'S MAIDEN NAME

Ella Hunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 785.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Jaundice, icteric

INTERVAL BETWEEN ONSET AND DEATH

40 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from birth 1/26/53, to 1/29, 1953, that I last saw the deceased alive on 1/29, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

B. H. H. H.

23B. ADDRESS

1215 Madison Ave

23C. DATE SIGNED

11 Feb 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL

FEB 19 1953

Rec. 3/6/53

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

1885

1885

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11

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2407

Registered No.

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

Sarah Brown

2. DATE
OF
DEATH

3-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

15-11

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinei Hospital of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4001 Annellen Road

c. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed.

8. DATE OF BIRTH

Jan 26, 1891

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

Morris Rumbloom

14. MOTHER'S MAIDEN NAME

Bertha Chauman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 3211

Arnold Brown Sequoia ave

18. 420.0 and 860X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Shock due to

Acute myocardial infarction

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary sclerosis, ASHD

Arteriosclerosis, Diabetes mellitus.

Hypertension.

INTERVAL BETWEEN
ONSET AND DEATH

1 hour.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1953 to 3/5, 1953, that I last saw the
deceased alive on 3/5, 1953, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stanley Charles Rubinit

M. D.

23B. ADDRESS

Sinei Hosp. of Balto.

23C. DATE SIGNED

3/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 6, 1953

24C. NAME OF CEMETERY, BURIAL PLACE

Hebrew Burial Place

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 1953

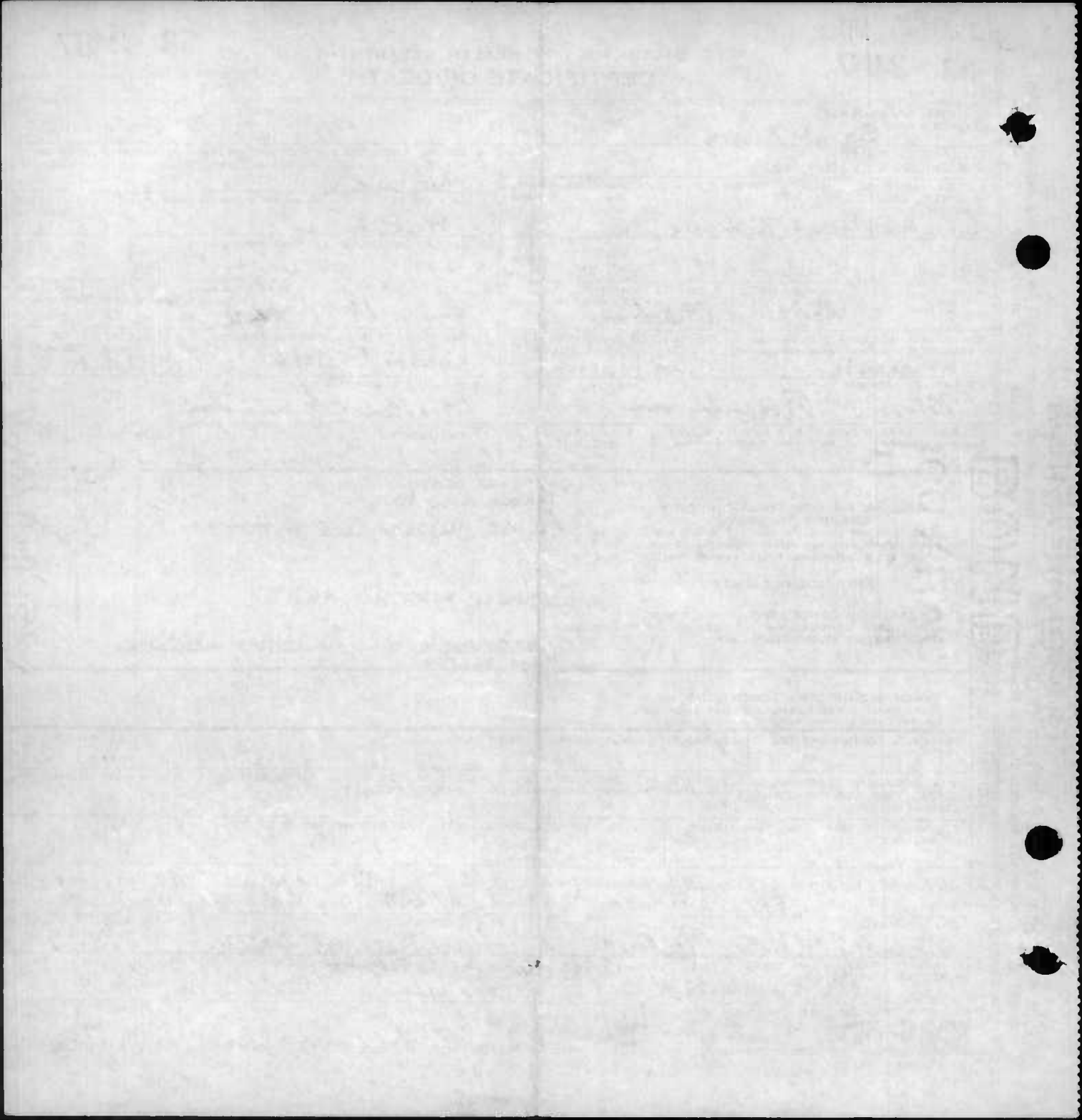
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levinson Bros W North ave

ADDRESS 1126



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2408

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Reamus H. Young

2. DATE
OF
DEATH

March 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pikesville

D. STREET ADDRESS (If rural, give location)

Woodland Beach

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-8-91

9. AGE (In years
last birthday)

62

II Under 1 Year
Months: DaysII Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Electrician, Balt. City

10B. KIND OF BUSINESS OR
INDUSTRY

Fire Dept.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Young

14. MOTHER'S MAIDEN NAME

Florence

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cerebral Vascular Accident 9 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiac -
vascular disease

(C)

? 24m.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26 1953, to 3-4 1953, that I last saw the
deceased alive on 3-4 1953, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Green

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 7/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glenburnie, Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Harry H. Hughes, 4101 Edmondson

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1. Name of the plant or animal: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description: *...*

6. Remarks: *...*

7. Distribution: *...*

8. Uses: *...*

9. Other: *...*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2409

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY ELLSWORTH ELLIOTT (H.)

2. DATE
OF
DEATH

WED.

MAR. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

PASADENA

D. STREET ADDRESS (If rural, give location)

SUNSET BEACH

c. Length of stay in Baltimore

About 39 yrs

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 7 1891

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TUG BOAT CAPTAIN

10B. KIND OF BUSINESS OR
INDUSTRY

TOWING SHIPS

11. BIRTHPLACE (State or foreign country)

MARYLAND, BALTO.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM E. ELLIOTT

14. MOTHER'S MAIDEN NAME

MARY ALBERTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CATHERINE ELLIOTT PASADENA, MD.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

13 days

ANTECEDENT CAUSES

DUE TO

(B) Hypertensive Arteriosclerotic
Heart Disease

15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 2, 1953 to March 4, 1953 that I last saw the
deceased alive on March 4, 1953, and that death occurred at 9¹⁵ P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. E. Trunnell Jr.

M.O.

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

MAR. 4, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MARCH 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

CEPAR HILL CEM

24D. LOCATION (City, town, or county)

BROOKLYN, N.Y. CO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

P. Howard Evans

ADDRESS

14205 Charles St Balto 30 Md
24055

STATE OF OHIO

DEPT. OF AGRICULTURE

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53 2410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2410
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE-GERTRUDE A. EBERHARDT

2. DATE OF DEATH

Thur March 5th, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY --

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3533 Horton Ave Balto 26

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26 (25) 25-04

D. STREET ADDRESS (If rural, give location)

3533 Horton Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 20-1916

9. AGE (In years last birthday)

36

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

August Schindele

14. MOTHER'S MAIDEN NAME

Catherine Cline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

218-05-4936

17. INFORMANT

Frederick H. Eberhardt

ADDRESS

Same

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to March 5, 1953, that I last saw the deceased alive on 3/4 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mon. Mar 9 1953

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Glen Burnie, Md. (AA Co)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

A. Howard Evans

1400 S Charles St

Baltimore 30 Md

VS 150

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM
TO : SAC, NEW YORK
FROM : SAC, NEW YORK

RE : [Illegible]
[Illegible]

DATE : 10-10-50

BY : [Illegible]

REASON : [Illegible]

REFERENCE : [Illegible]

DETAILS : [Illegible]

CONCLUSION : [Illegible]

RECOMMENDATION : [Illegible]

ADMINISTRATIVE : [Illegible]

OTHER : [Illegible]

REMARKS : [Illegible]

APPROVAL : [Illegible]

SPECIAL AGENT IN CHARGE

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2411
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie R. Hill

2. DATE
OF
DEATH

3-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

310 N. Sticker St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-01

C. Length of stay in Baltimore

20

D. STREET ADDRESS (If rural, give location)

310 N. Sticker St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 9-1904

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

unemployed

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grace Cook-310 N. Sticker St

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Failure, Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 20, 1953, to March 5, 1953, that I last saw the
deceased alive on Feb 21, 1953, and that death occurred at 1:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953

Huntington Williams Mrs Samuel W. Sullivan Jr

James A. Thompson

James A. Thompson

James A. Thompson

James A. Thompson

James A. Thompson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2412
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN GAITHER

2. DATE
OF
DEATH

3-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Linthicum Hgts.

D. STREET ADDRESS (If rural, give location)

302 Twin Oaks Rd.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 21, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis Heine

14. MOTHER'S MAIDEN NAME

Mary C. Fort

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mr. James N. Gaither-203 Twin Oaks Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

NO INJURY

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-53, 1953, to 3-4-53, 1953, that I last saw the
deceased alive on 3-4-53, 1953, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cem.

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Vickener & Sons

ADDRESS

Baltimore 17, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2413

Registered No.

53 2413

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie R. Jenkins

2. DATE
OF
DEATH

May. 5, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

2252 Madison Ave.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-03

d. STREET ADDRESS (If rural, give location)

2252 Madison Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 19, 1916

9. AGE (In years,
last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR
INDUSTRY

Pub. Family

11. BIRTHPLACE (State or foreign country)

Georgetown, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Bryan

14. MOTHER'S MAIDEN NAME

Rose Funnery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. DECEASED'S NAME

2252 Madison Ave.

18. 590X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Acute Hemorrhagic

INTERVAL BETWEEN
ONSET AND DEATH

2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Sout Travel

(C) DUE TO

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1953, to March, 1953, that I last saw the
deceased alive on 3-3, 1953, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

J. K. Adams

M. D.

23b. ADDRESS

1224 N. Curshaw

23c. DATE SIGNED

3-6-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Mar. 7, 1953

24c. NAME OF CEMETERY OR CREMATORY

Family lot

24d. LOCATION (City, town, or county)

Georgetown, S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home

MAR 6 1953

VS 150

72081

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

CAUSE OF DEATH

MARGIN RESERVED FOR BINDING

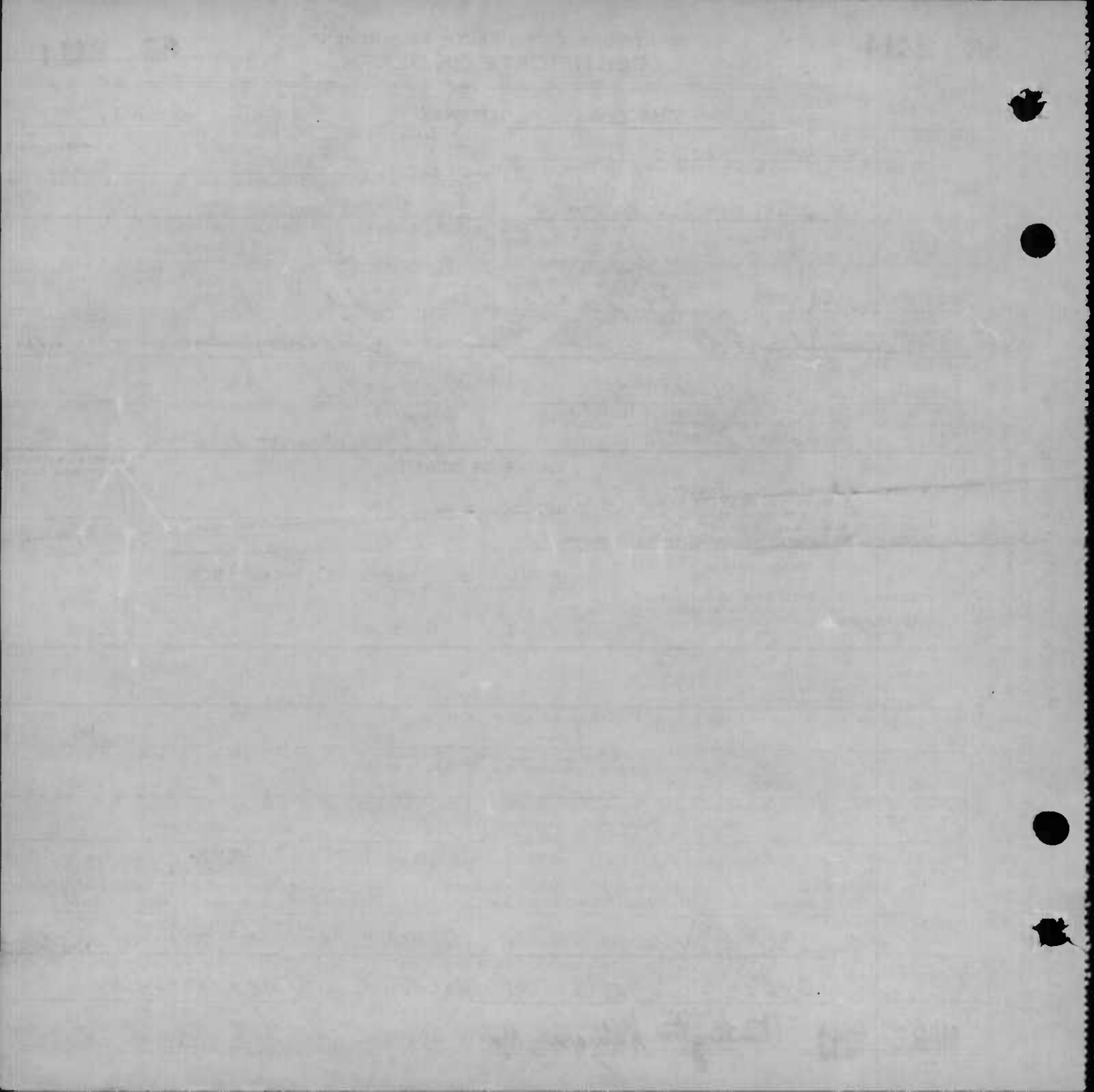
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2414

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2414

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANCIS GALLOWAY		March 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 305 Campbell Avenue 11-04			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1907	9. AGE (In years last birthday) 45	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Galloway		14. MOTHER'S MAIDEN NAME Martha ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. Should have		17. INFORMANT ADDRESS Ellen Matthews - 130 - Read St.	
18. 581.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cirrhosis of liver			
ANTECEDENT CAUSES		(B) Massive nasopharyngeal hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William C. ...		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/6/53		24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	
24D. LOCATION (City, town, or county) (State) Maryland		25. FUNERAL DIRECTOR Huntington Williams, Mgr. Halstead - 918 - Pruid Hill Ave.		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2415**BIRTH NO. **53 2415**
52-127511. NAME OF DECEASED
(Type or Print)*Stewart Lee*2. DATE
OF
DEATH**2-28-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

c. Length of stay in Baltimore

8 1/2 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1142 N. Gilman St.

5. SEX

Male

6. COLOR OR RACE

*Colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*June 9, 1952*9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*8 1/2*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Baby*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Charles Lee

14. MOTHER'S MAIDEN NAME

*Dorothy Ware*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Dorothy Ware - 1142 N. Gilman St.*18. *344.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Communicating Hydrocephalus
Post Meningitic*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Pulmonary edema
atelectasis
Tubercular pneumonia*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

*12-23-52 12-30-52**Internal Hydrocephalus*

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-1*, 1953, to *2-28*, 1953, that I last saw the
deceased alive on *2-28*, 1953, and that death occurred at *1:30* pm., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Hunter

23B. ADDRESS

University Hosp

23C. DATE SIGNED

*2-28-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3/7/53**Int. Auburn Cemet.**Maryland*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 8 1953**Huntington Williams, M.D., Halstead-918. Spruid Hill Ave*

VS 150

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL OFFICE

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

SECTION 7

SECTION 8

SECTION 9

SECTION 10

H-160
53 2416BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2416
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATHA ETHEL HOOVER

2. DATE
OF
DEATH

2-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSP

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1827 Jackson

c. Length of stay in Baltimore

LIFETIME Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-26-1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days

8 23

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HSWF

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANK F. GEISLER

14. MOTHER'S MAIDEN NAME

BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

315-14-4162

17. INFORMANT

ADDRESS

Hosp P. CLART

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho-Pneumonia; Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Post-operative Massive ATELECTASIS
DUE TO
(C) ACIDOSIS - DehydrationOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma Stomach - lymphatic Metastasis

19A. DATE OF OPERATION

2-27-53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Stomach & Lymphatic Metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9 1952, to 3-3 1953, that I last saw the
deceased alive on 3-3 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Blindelarms

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

3-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-7-1953

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

Anne Arundel Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

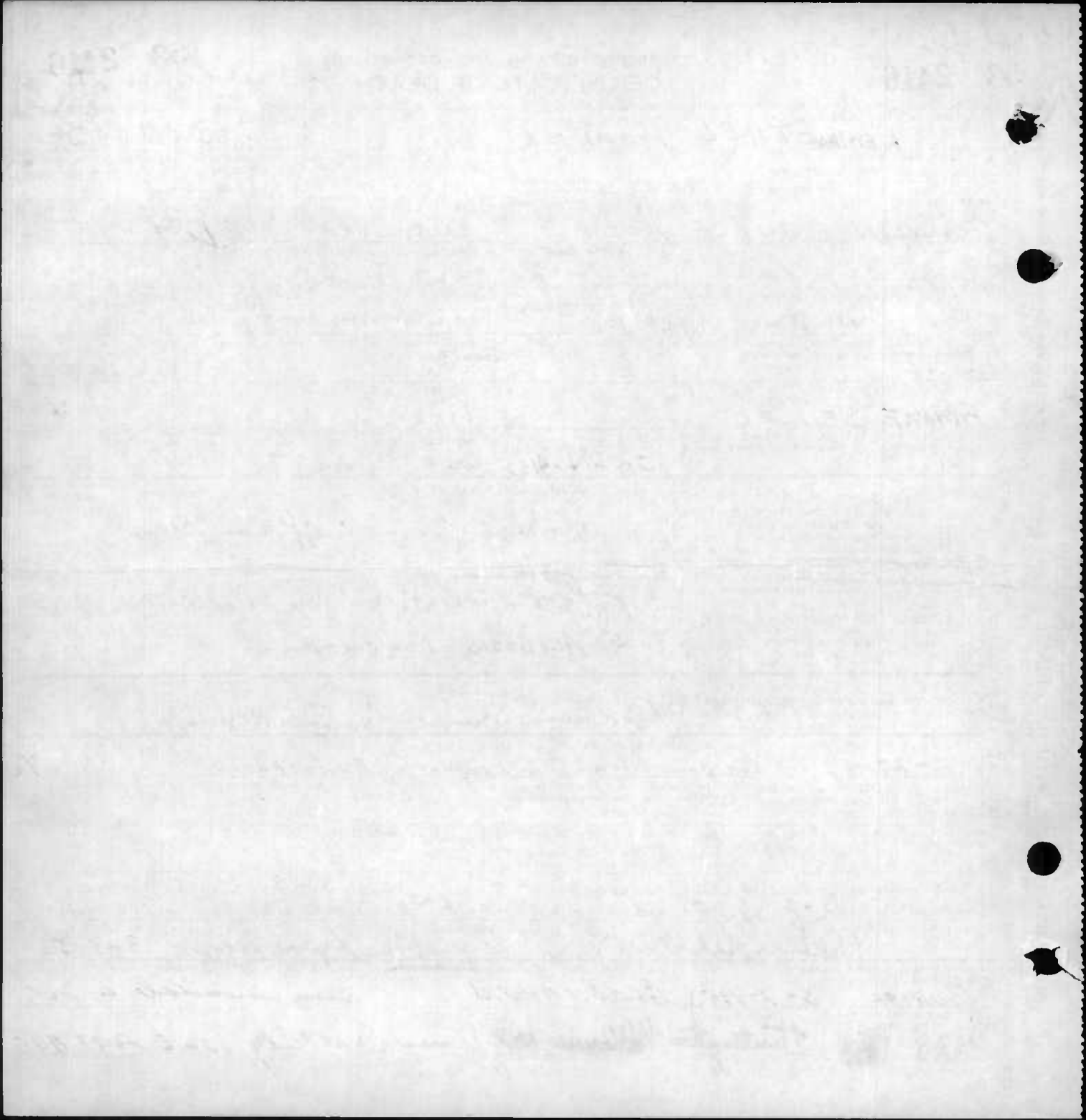
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

130 E. FORT AVE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2417BIRTH NO. 53 24171. NAME OF DECEASED
(Type or Print)Pauline Kuminski2. DATE
OF
DEATHMarch 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution (residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONJOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

104 N. East Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

7/18/739. AGE (In years
last birthday)79If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)at home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) LOBAR PNEUMONIA, L.U.L OBE7 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.WITH SEVERE HEART FAILURE
ARTEROSCLEROTIC CARDIOVASCULAR DISEASE?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1952, to 3-4, 1953, that I last saw the
deceased alive on 3-4, 1952, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Owens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-4-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

SCHWARTZ'S

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann 1639 Broadway

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2418

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Estelle Saunders Willmore

2. DATE
OF
DEATH

March 4, 1963

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *MD.* B. COUNTY *17-05*

B. FULL NAME OF HOSPITAL OR INSTITUTION

1003 Myrtle Ave.

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)
1003 Myrtle Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 23, 1893

9. AGE (In years last birthday)

69

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Centerville Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Broadway

14. MOTHER'S MAIDEN NAME

Annie Brookins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, do or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Janie Anderson

ADDRESS

1003 Myrtle Ave.

18.

331X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hrs
12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/1/49*, to *March 4, 1963* that I last saw the deceased alive on *March 1, 1963* and that death occurred at *9:00 PM*, from the causes and on the date stated above.

23A. SIGNATURE

William Darn

23B. ADDRESS

25 S. George St

23C. DATE SIGNED

3/6/63

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/8/1963

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem Balto.

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1963

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ms. Kate P. Williams

ADDRESS

322 S. Schoroder St.

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

REGISTRATION

DATE

1. NAME OF DECEASED: _____

2. SEX: _____

3. AGE: _____

4. RACE: _____

5. BIRTH DATE: _____

6. BIRTH PLACE: _____

7. MARRIAGE DATE: _____

8. OCCUPATION: _____

9. CAUSE OF DEATH: _____

10. PLACE OF DEATH: _____

11. SIGNATURE OF PHYSICIAN: _____

12. SIGNATURE OF REGISTRAR: _____

13. SIGNATURE OF WITNESS: _____

14. SIGNATURE OF DECEASED: _____

15. SIGNATURE OF NEXT OF KIN: _____

16. SIGNATURE OF CLERGYMAN: _____

17. SIGNATURE OF BURIAL OFFICIAL: _____

18. SIGNATURE OF INTERVIEWER: _____

19. SIGNATURE OF CORONER: _____

20. SIGNATURE OF JUDGE: _____

21. SIGNATURE OF DISTRICT ATTORNEY: _____

22. SIGNATURE OF COUNTY CLERK: _____

23. SIGNATURE OF CITY CLERK: _____

24. SIGNATURE OF HEALTH DEPARTMENT: _____

25. SIGNATURE OF BURIAL SOCIETY: _____

26. SIGNATURE OF FUNERAL HOME: _____

27. SIGNATURE OF CEMETERY: _____

28. SIGNATURE OF INTERVIEWER: _____

29. SIGNATURE OF CORONER: _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered 53 2419

BIRTH NO. 53 2419

1. NAME OF DECEASED (Type or Print) <u>William C. Hunter</u>			2. DATE OF DEATH <u>March 2, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>14-02</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>552 Wilson St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>552 Wilson St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 20, 1888</u>	9. AGE (In years last birthday) <u>64</u>	10. Under 1 Year Months: <u>0</u> Days: <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Ala.</u>
13. FATHER'S NAME <u>William Hunter</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>000-00-0000</u>		
17. INFORMANT <u>Annie Pinkney</u>			ADDRESS <u>2554 W. Laf. Ave</u>		

18. <u>572.3</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>I</u>	CAUSE OF DEATH <u>Cardiovascular Renal Disease</u> (A) <u>uncertain</u> DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Femoral Hernia</u> DUE TO (C) <u>Chronic Gastro-Enteritis</u>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION <u>0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>0</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>0</u>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>0</u>

22. I hereby certify that I attended the deceased from Feb. 26, 1952, to 3-2-, 1953, that I last saw the deceased alive on 3-1-, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Wm R. Boykin</u>	23B. ADDRESS <u>1133 N. Monroe</u>	23C. DATE SIGNED <u>3/2/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>March 6, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>W. L. Luskam Cem</u>
24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	25. FUNERAL DIRECTOR <u>Mrs. Kate R. Williams</u>	ADDRESS <u>Schroeder St</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 6 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Hill</u>	

VS 150

75488

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF CALIFORNIA

CERTIFICATE OF DEATH

FILE NO.

DECEASED'S NAME		DATE OF BIRTH	
SEX		RACE	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
PLACE OF BIRTH		CITY OF BIRTH	
COUNTRY OF BIRTH		DATE OF DEATH	
PLACE OF DEATH		CITY OF DEATH	
COUNTRY OF DEATH		CAUSE OF DEATH	
MANNER OF DEATH		IMMEDIATE CAUSE	
DISEASE OR INJURY		PERMANENT CAUSE	
SYMPTOMS		TREATMENT	
PREVIOUS ILLNESS		PREVIOUS SURGERY	
PREVIOUS TRAUMA		PREVIOUS DRUGS	
PREVIOUS ALCOHOL		PREVIOUS TOBACCO	
PREVIOUS OTHER		PREVIOUS OTHER	

DECEASED'S NAME		DATE OF BIRTH	
SEX		RACE	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
PLACE OF BIRTH		CITY OF BIRTH	
COUNTRY OF BIRTH		DATE OF DEATH	
PLACE OF DEATH		CITY OF DEATH	
COUNTRY OF DEATH		CAUSE OF DEATH	
MANNER OF DEATH		IMMEDIATE CAUSE	
DISEASE OR INJURY		PERMANENT CAUSE	
SYMPTOMS		TREATMENT	
PREVIOUS ILLNESS		PREVIOUS SURGERY	
PREVIOUS TRAUMA		PREVIOUS DRUGS	
PREVIOUS ALCOHOL		PREVIOUS TOBACCO	
PREVIOUS OTHER		PREVIOUS OTHER	

W53 425
2420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2420

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

WILSON

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1533 W. Lexington Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1902

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Track walker

10B. KIND OF BUSINESS OR
INDUSTRY

B.Y.O.R.P.

11. BIRTH PLACE (State or foreign country)

Florence S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wilson

14. MOTHER'S MAIDEN NAME

Rebecca Britt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Lula Wilson 1533 W. Lexington St.

ADDRESS

18. 561.0 and E 954.7

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Incarcerated inguinal hernia

~~XXXX~~ Gangrene of small intestine

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Military tuberculosis

~~XXXX~~ Focal myocarditis

(C) Syncope during anesthesia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
Hospital

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

University Hospital, Redwood & Greene Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 5, 1953 2:30 A.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Syncope during anesthesia

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 5, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/1953

24C. NAME OF CEMETERY OR CREMATORY

W.H. Auburn Cem Balto.

24D. LOCATION (City, town, or county) (State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N Schroeder St

VS 151

N999.2

970 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2421
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Perry Wiggins

2. DATE
OF
DEATH

Mar. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1621 Westwood Ave

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

July 17, 1893

9. AGE (In years,
last birthday)

59

11 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

Local 865

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sandridge Wiggins

14. MOTHER'S MAIDEN NAME

Lara Bromely

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-02-4386

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hemorrhage from an-
determined cerebral
arteries

(B)

DUE TO

Arterial hypertension years

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

12 hrs

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1953, to 3-4, 1953, that I last saw the
deceased alive on 3-4, 1953 and that death occurred at 11:40 Pm., from the causes and on the date stated above.

23A. SIGNATURE

David Lukens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

Northumberland Co. Va.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Les. B. Kelson 1303

ADDRESS

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, MASSACHUSETTS

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>		<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. DATE OF DEATH</p>		<p>10. TIME OF DEATH</p>		<p>11. SIGNATURE OF PHYSICIAN</p>		<p>12. SIGNATURE OF REGISTRAR</p>	
<p>13. SIGNATURE OF WITNESS</p>		<p>14. SIGNATURE OF WITNESS</p>		<p>15. SIGNATURE OF WITNESS</p>		<p>16. SIGNATURE OF WITNESS</p>	
<p>17. SIGNATURE OF WITNESS</p>		<p>18. SIGNATURE OF WITNESS</p>		<p>19. SIGNATURE OF WITNESS</p>		<p>20. SIGNATURE OF WITNESS</p>	
<p>21. SIGNATURE OF WITNESS</p>		<p>22. SIGNATURE OF WITNESS</p>		<p>23. SIGNATURE OF WITNESS</p>		<p>24. SIGNATURE OF WITNESS</p>	
<p>25. SIGNATURE OF WITNESS</p>		<p>26. SIGNATURE OF WITNESS</p>		<p>27. SIGNATURE OF WITNESS</p>		<p>28. SIGNATURE OF WITNESS</p>	
<p>29. SIGNATURE OF WITNESS</p>		<p>30. SIGNATURE OF WITNESS</p>		<p>31. SIGNATURE OF WITNESS</p>		<p>32. SIGNATURE OF WITNESS</p>	
<p>33. SIGNATURE OF WITNESS</p>		<p>34. SIGNATURE OF WITNESS</p>		<p>35. SIGNATURE OF WITNESS</p>		<p>36. SIGNATURE OF WITNESS</p>	
<p>37. SIGNATURE OF WITNESS</p>		<p>38. SIGNATURE OF WITNESS</p>		<p>39. SIGNATURE OF WITNESS</p>		<p>40. SIGNATURE OF WITNESS</p>	
<p>41. SIGNATURE OF WITNESS</p>		<p>42. SIGNATURE OF WITNESS</p>		<p>43. SIGNATURE OF WITNESS</p>		<p>44. SIGNATURE OF WITNESS</p>	
<p>45. SIGNATURE OF WITNESS</p>		<p>46. SIGNATURE OF WITNESS</p>		<p>47. SIGNATURE OF WITNESS</p>		<p>48. SIGNATURE OF WITNESS</p>	
<p>49. SIGNATURE OF WITNESS</p>		<p>50. SIGNATURE OF WITNESS</p>		<p>51. SIGNATURE OF WITNESS</p>		<p>52. SIGNATURE OF WITNESS</p>	
<p>53. SIGNATURE OF WITNESS</p>		<p>54. SIGNATURE OF WITNESS</p>		<p>55. SIGNATURE OF WITNESS</p>		<p>56. SIGNATURE OF WITNESS</p>	
<p>57. SIGNATURE OF WITNESS</p>		<p>58. SIGNATURE OF WITNESS</p>		<p>59. SIGNATURE OF WITNESS</p>		<p>60. SIGNATURE OF WITNESS</p>	
<p>61. SIGNATURE OF WITNESS</p>		<p>62. SIGNATURE OF WITNESS</p>		<p>63. SIGNATURE OF WITNESS</p>		<p>64. SIGNATURE OF WITNESS</p>	
<p>65. SIGNATURE OF WITNESS</p>		<p>66. SIGNATURE OF WITNESS</p>		<p>67. SIGNATURE OF WITNESS</p>		<p>68. SIGNATURE OF WITNESS</p>	
<p>69. SIGNATURE OF WITNESS</p>		<p>70. SIGNATURE OF WITNESS</p>		<p>71. SIGNATURE OF WITNESS</p>		<p>72. SIGNATURE OF WITNESS</p>	
<p>73. SIGNATURE OF WITNESS</p>		<p>74. SIGNATURE OF WITNESS</p>		<p>75. SIGNATURE OF WITNESS</p>		<p>76. SIGNATURE OF WITNESS</p>	
<p>77. SIGNATURE OF WITNESS</p>		<p>78. SIGNATURE OF WITNESS</p>		<p>79. SIGNATURE OF WITNESS</p>		<p>80. SIGNATURE OF WITNESS</p>	
<p>81. SIGNATURE OF WITNESS</p>		<p>82. SIGNATURE OF WITNESS</p>		<p>83. SIGNATURE OF WITNESS</p>		<p>84. SIGNATURE OF WITNESS</p>	
<p>85. SIGNATURE OF WITNESS</p>		<p>86. SIGNATURE OF WITNESS</p>		<p>87. SIGNATURE OF WITNESS</p>		<p>88. SIGNATURE OF WITNESS</p>	
<p>89. SIGNATURE OF WITNESS</p>		<p>90. SIGNATURE OF WITNESS</p>		<p>91. SIGNATURE OF WITNESS</p>		<p>92. SIGNATURE OF WITNESS</p>	
<p>93. SIGNATURE OF WITNESS</p>		<p>94. SIGNATURE OF WITNESS</p>		<p>95. SIGNATURE OF WITNESS</p>		<p>96. SIGNATURE OF WITNESS</p>	
<p>97. SIGNATURE OF WITNESS</p>		<p>98. SIGNATURE OF WITNESS</p>		<p>99. SIGNATURE OF WITNESS</p>		<p>100. SIGNATURE OF WITNESS</p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2422

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY A. MEAD Meade

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

Pikesville - Villa Nova

D. STREET ADDRESS (If rural, give location)

Campfield Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec

9. AGE (In years

last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Caretaker

10B. KIND OF BUSINESS OR INDUSTRY

Dog Kennels

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Mr Marshall Meade

14. MOTHER'S MAIDEN NAME

Bertha Meadows

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cora Stewart Sphyade-Owings Mills

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

Arteriosclerotic cardiovascular disease

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23c. DATE SIGNED
March 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/8-53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank H. Newell

ADDRESS

Pikesville Md.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2423**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISA A. MOORE

2. DATE
OF
DEATH

Mar. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2840 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2840 Harford Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 2, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Moore

14. MOTHER'S MAIDEN NAME

Louise Burkert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Miss Caroline Moore-2840 Harford Rd

ADDRESS

18

18. **174x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

**carcinoma of uterus treated
by radium July '52**

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1, 1952** to **March 5, 1953** that I last saw the
deceased alive on **March 5, 1953** and that death occurred at **1300 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

C. W. Keck

23B. ADDRESS

1014 St Paul St

23C. DATE SIGNED

March 6, 1953

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC
North Av. & Broadway-13

ADDRESS

See H. Sander.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Charles A. ...

...

...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2424
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary Marie Lindhorst			2. DATE OF DEATH March 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2104 East Pratt St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 60 Yrs. XXX Days			D. STREET ADDRESS (If rural, give location) 2104 East Pratt St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Sept. 23, 1878		9. AGE (in years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Bavaria		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Kotrla			14. MOTHER'S MAIDEN NAME Rosalie Pear		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT 2104 E. Pratt St. Mrs. Marie Knorr		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Failure	CAUSE OF DEATH (A) Acute Cardiac Failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH 30 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease	(B) Arteriosclerotic Heart Disease DUE TO	4 yrs
(C) _____		

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 2, 1953 , to March 4, 1953 that I last saw the deceased alive on March 2, 1953 , and that death occurred at 7P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Israel Rosen		23B. ADDRESS 24138 Monument St.		23C. DATE SIGNED 3/5/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/9/53	24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 6 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR'S ADDRESS Henry Sander & Sons Inc. Baltimore Maryland	

VS 150

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1515

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of neighbors	
19. Signature of friends		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of hospital		26. Signature of clinic		27. Signature of laboratory	
28. Signature of pharmacy		29. Signature of dispensary		30. Signature of medical office	
31. Signature of dental office		32. Signature of optician		33. Signature of pharmacist	
34. Signature of nurse		35. Signature of physician assistant		36. Signature of medical student	
37. Signature of medical resident		38. Signature of medical intern		39. Signature of medical fellow	
40. Signature of medical officer		41. Signature of medical director		42. Signature of medical superintendent	
43. Signature of medical administrator		44. Signature of medical manager		45. Signature of medical executive	
46. Signature of medical officer		47. Signature of medical director		48. Signature of medical superintendent	
49. Signature of medical administrator		50. Signature of medical manager		51. Signature of medical executive	
52. Signature of medical officer		53. Signature of medical director		54. Signature of medical superintendent	
55. Signature of medical administrator		56. Signature of medical manager		57. Signature of medical executive	
58. Signature of medical officer		59. Signature of medical director		60. Signature of medical superintendent	
61. Signature of medical administrator		62. Signature of medical manager		63. Signature of medical executive	
64. Signature of medical officer		65. Signature of medical director		66. Signature of medical superintendent	
67. Signature of medical administrator		68. Signature of medical manager		69. Signature of medical executive	
70. Signature of medical officer		71. Signature of medical director		72. Signature of medical superintendent	
73. Signature of medical administrator		74. Signature of medical manager		75. Signature of medical executive	
76. Signature of medical officer		77. Signature of medical director		78. Signature of medical superintendent	
79. Signature of medical administrator		80. Signature of medical manager		81. Signature of medical executive	
82. Signature of medical officer		83. Signature of medical director		84. Signature of medical superintendent	
85. Signature of medical administrator		86. Signature of medical manager		87. Signature of medical executive	
88. Signature of medical officer		89. Signature of medical director		90. Signature of medical superintendent	
91. Signature of medical administrator		92. Signature of medical manager		93. Signature of medical executive	
94. Signature of medical officer		95. Signature of medical director		96. Signature of medical superintendent	
97. Signature of medical administrator		98. Signature of medical manager		99. Signature of medical executive	
100. Signature of medical officer		101. Signature of medical director		102. Signature of medical superintendent	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2425

Registered No.

234
53 2425
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Albert Mc Dowell			2. DATE OF DEATH Mar. 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2325 Stanford Rd.		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 11-19-1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Paperhgr.			10B. KIND OF BUSINESS OR INDUSTRY Self employed		12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME William Mc Dowell			14. MOTHER'S MAIDEN NAME Emma R. Mitchell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-16-2857		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular accident 6 wk	CAUSE OF DEATH (A) Cerebral Vascular accident 6 wk DUE TO (B) Arteriosclerotic Cardis - DUE TO vascular disease (C)	INTERVAL BETWEEN ONSET AND DEATH 6 wk ? 2 mo
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
---	--	--

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23 , 19 53 to 3-6 , 19 53 that I last saw the deceased alive on 3-6 , 19 53 , and that death occurred at 3:45 P. m., from the causes and on the date stated above.		
23A. SIGNATURE Richard N. Peck	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 3/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 9, 1953	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MARG 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC North Ave. & Broadway-13	
VS 150		56424 Her V. Sander	

RECEIVED

NOV 10 1964

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2426**

BIRTH NO. **652**

1. NAME OF DECEASED
(Type or Print) **Shiley J. Carvington**

2. DATE OF DEATH **March-1-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Bethesda**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location)
INSTITUTION **820 E. 22nd St**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-08

c. Length of stay in Baltimore **Life** Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
820 E. 22nd St

5. SEX **M**

6. COLOR OR RACE **C**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **W**

8. DATE OF BIRTH **March-27-35**

9. AGE (In years last birthday) **17**

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Martin Carvington

14. MOTHER'S MAIDEN NAME
Louise Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Louise Cummings 820

18. **493X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Pneumonia

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **20 Feb**, 19**53**, to **March**, 19**53**, that I last saw the deceased alive on **March**, 19**53**, and that death occurred at **7** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)
Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953

Huntington Williams, M.D.

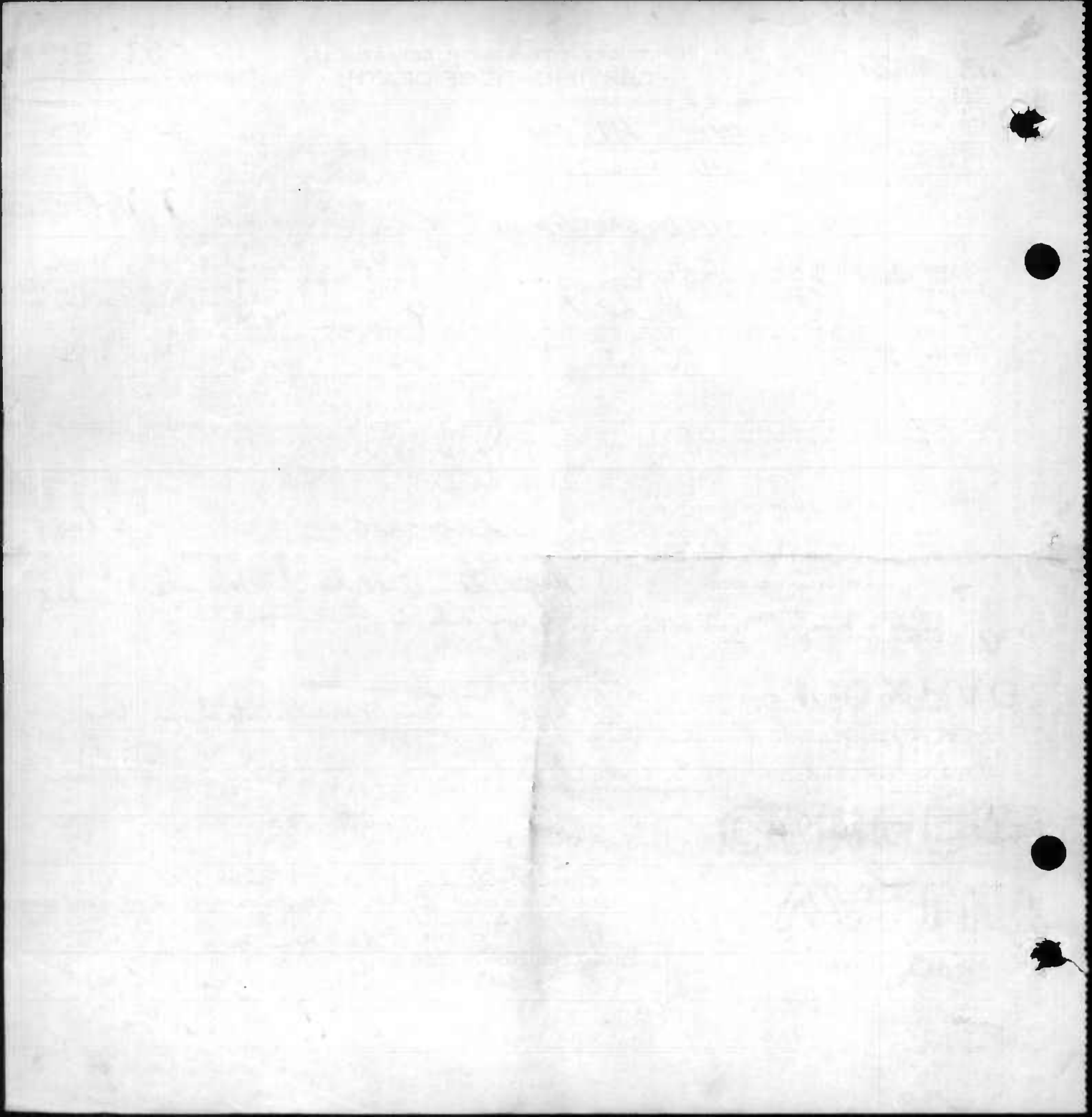
Elioy O. Wilson

1101 Broadway

1903 E. Jaggarata ave
mrs m. m. m. m.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2427

BIRTH NO. <u>450</u> <u>53 2427</u>		1. NAME OF DECEASED (Type or Print) <u>MADELINE ALLEN</u>		2. DATE OF DEATH <u>3-2-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>BALTO. CITY MD.</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>17-03</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>834 EDMONDSON AVE</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore <u>1 yr.</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>834 Edmondson ave</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>P</u>	9. AGE (In years last birthday) <u>65</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Private</u>		11. BIRTHPLACE (State or foreign country) <u>md</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>P</u>		14. MOTHER'S MAIDEN NAME <u>P</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Jane Jones</u> ADDRESS	
18. <u>442X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Anemia</u> DUE TO (B) <u>Hypertensive cardiovascular renal disease</u> DUE TO (C) <u>Dehydration & malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 22, 1953</u> , to <u>Mar 2, 1953</u> , that I last saw the deceased alive on <u>Mar 2, 1953</u> and that death occurred at <u>8 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>H. Garland Penick</u> M.D.		23B. ADDRESS <u>1038 Edmondson</u>		23C. DATE SIGNED <u>3-3-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/6/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>mt calvary</u>	
24D. LOCATION (City, town, or county) <u>Brooklyn md</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, M. Cherry</u>		24F. ADDRESS <u>1000</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 6 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Brently</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

Registered **53 2428**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry W. Noyes

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1913 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
906 S. Decker Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Twilight Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

906 S. Decker Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 17, 1887

9. AGE (In years last birthday)

65

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chancey Noyes

14. MOTHER'S MAIDEN NAME

Letticia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

219-03-3875

17. INFORMANT

ADDRESS

Mrs Irma Anderson 2523 Sidney Ave.

18.

450.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) kidney failure

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

sev. vtr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

AMPUTATION LEFT LEG

one year.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1952, to March 5, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 7, 53

24C. NAME OF CEMETERY OR CREMATORY

Presbyterian Govans

24D. LOCATION (City, town, or county)

Belona Ave Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

David R. Martin, 1902 Eutaw Pl

See Query reply in Document File

N-350 K.O.G.A. - 53 2429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2429

BIRTH NO. 2429

1. NAME OF DECEASED
(Type or Print)

Hugh R. Mathaney

2. DATE
OF
DEATH

Mar. 5 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ind. - Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

17 Elinor Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 6th, 1906

9. AGE (in years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

own business

10B. KIND OF BUSINESS OR
INDUSTRY

Grain & Products Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Hugh R. Mathaney

14. MOTHER'S MAIDEN NAME

Cora A. Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
218-09-9409

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) acute coronary artery throm-
bosis

20 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO _____
(C) _____

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office, etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 5, 1953 to _____, 19____, that I last saw the
deceased alive on _____, 19____ and that death occurred at 10:42 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Jones

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5 Mar 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Mar. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassiter Funeral Home

ADDRESS

7401 Belair Rd.

VS 150

Released to hospital 29067

1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2430

1. NAME OF DECEASED (Type or Print) WILLIAM E. JAMRICH			2. DATE OF DEATH March 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2650 Harford Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 7, 1903	9. AGE (In years last birthday) 49	10. Under 1 Year Months: _____ Year: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Ship Yard	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick Jamrich			14. MOTHER'S MAIDEN NAME Nellie H. Coates		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Elizabeth L. Jamrich, 2656 Harford Road		

18. E902.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture (A) XXXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural hemorrhage (B) XXXXXX		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Contusion of brain (C) _____		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Industrial place	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bethlehem Steel Co., Sparrows Point		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 4, 1953	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell 25' & landed on 2" planks		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William Updegraff</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/9/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 6 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D. M. Cook, Inc.</i>	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street

D 200
53 2431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2431
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Beck

2. DATE OF DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

1618 Clarkson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 Clarkson St.

c. Length of stay in Baltimore

LIFETIME

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-15-1883

9. AGE (in years last birthday)

63

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Boilermaker

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

212-05-4552

17. INFORMANT

FAMILY

ADDRESS

1618 Clarkson St.

18.

420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 AM 3-5-53, 1953, to 3:40 AM 3-5, 1953, that I last saw the deceased alive on 3-5-1953, and that death occurred at ? m., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Looney

23B. ADDRESS

South Balto Seal Works

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-8-53

24C. NAME OF CEMETERY OR CREMATORY

CEDA Hill

24D. LOCATION (City, town, or county)

ANNE ARUNDEL Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

S. Mc Cuddy

VS 150

5035E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1118-56

RECEIVED 11/10/56

1118-56

RECEIVED 11/10/56

RECEIVED 11/10/56

RECEIVED 11/10/56

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2432**

BIRTH NO. **645**

1. NAME OF DECEASED
(Type or Print) **Lula Carolina**

2. DATE OF DEATH **March 4, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Baltimore City Hospitals**
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **12 yrs.**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3048 Ascension Street

5. SEX
F

6. COLOR OR RACE
Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Dec. 17, 1890

9. AGE (In years last birthday) **62**
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
March McCrae (Deceased)

14. MOTHER'S MAIDEN NAME
Lizzie Wisdom (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B.C.H. 4940 Eastern Ave (records)

18. **443X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive Cardio-vascular Disease**
DUE TO

Severals yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2 - 25 - 1953** to **3 - 4 - 1953**, that I last saw the deceased alive on **3 - 4 - 1953**, and that death occurred at **8:05 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Hopkins

M. D.

4940 Eastern Avenue

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/8/53

Int Calvary

AB Co Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 1953

Huntington Williams

Isaiah L Brown Son

VS 150

108W Montgomery Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2433

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBERT ALLEN EDWARDS

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

6 N. HADLEY SQ.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE City - 18

c. Length of stay in Baltimore

12 YEARS

D. STREET ADDRESS (If rural, give location)

6 N. HADLEY SQUARE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 16, 1877

9. AGE (In years last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ELIAS WHEELRIGHT EDWARDS

14. MOTHER'S MAIDEN NAME

Judith Elizabeth SHEHIGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

227-09-552

17. INFORMANT

Sister - EFFIE HAYNIE

ADDRESS

BALTIMORE Md.

18.

332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Nephritis

DUE TO

(B)

Third Cerebrovascular Thrombosis

DUE TO

(C)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Several months

Aug. 1953

10-15 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950 to March 5, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Katherine H. Borkovich

M.D.

23B. ADDRESS

11 E. Chase St. Baltimore Md.

23C. DATE SIGNED

March 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Maus.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

Balto 17 Md.

2002-10-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2434

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN J. LUBY

2. DATE
OF
DEATH

Mar. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1900 N. Washington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1900 N. Washington St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 31, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Bread

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. Luby

14. MOTHER'S MAIDEN NAME

Mary Pranke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
none

16. SOCIAL SECURITY NO.
215-07-9639

17. INFORMANT

ADDRESS

Mrs. Georgia Luby-1900 N. Washington St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Nephritis
DUE TO Arteriosclerotic Kidney

15 days
1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Occlusion
DUE TO Arteriosclerosis

1 yr.
?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LAYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1952 to March 4, 1953 that I last saw the deceased alive on 3-3, 1953, and that death occurred at 3 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

49044

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951

RECORDS OF THE
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-15-80 BY SP-5
JAN/10/81

MARGIN RESERVED FOR BINDING. Dr. Martin L. Singewald, M.D., is the official certifier. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2435

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA V. MORELAND MURPHY

2. DATE
OF
DEATH

March 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3901 Hillen Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

none

C. CITY OR TOWN (If outside corporate limits, write R.U.P.C. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3901 Hillen Road

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 10, 1864

9. AGE (In years last birthday)

88

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William Moreland

14. MOTHER'S MAIDEN NAME

Emma Louise Kinnamon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Edward S. Hopkins

ADDRESS

3901 Hillen Road

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive Cordis Vascular disease

(B)

DUE TO

Arteriosclerosis, Generalized
Branch of venia - acute

(C)

INTERVAL BETWEEN ONSET AND DEATH

unknown

unknown

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1949, 19, to March 6, 1953 that I last saw the deceased alive on March 5, 1953, and that death occurred at 6A m., from the causes and on the date stated above.

23A. SIGNATURE

Martin L. Singewald

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

3 - 6 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

3 - 7 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

M B Mitchell

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THE UNIVERSITY OF CHICAGO
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2436

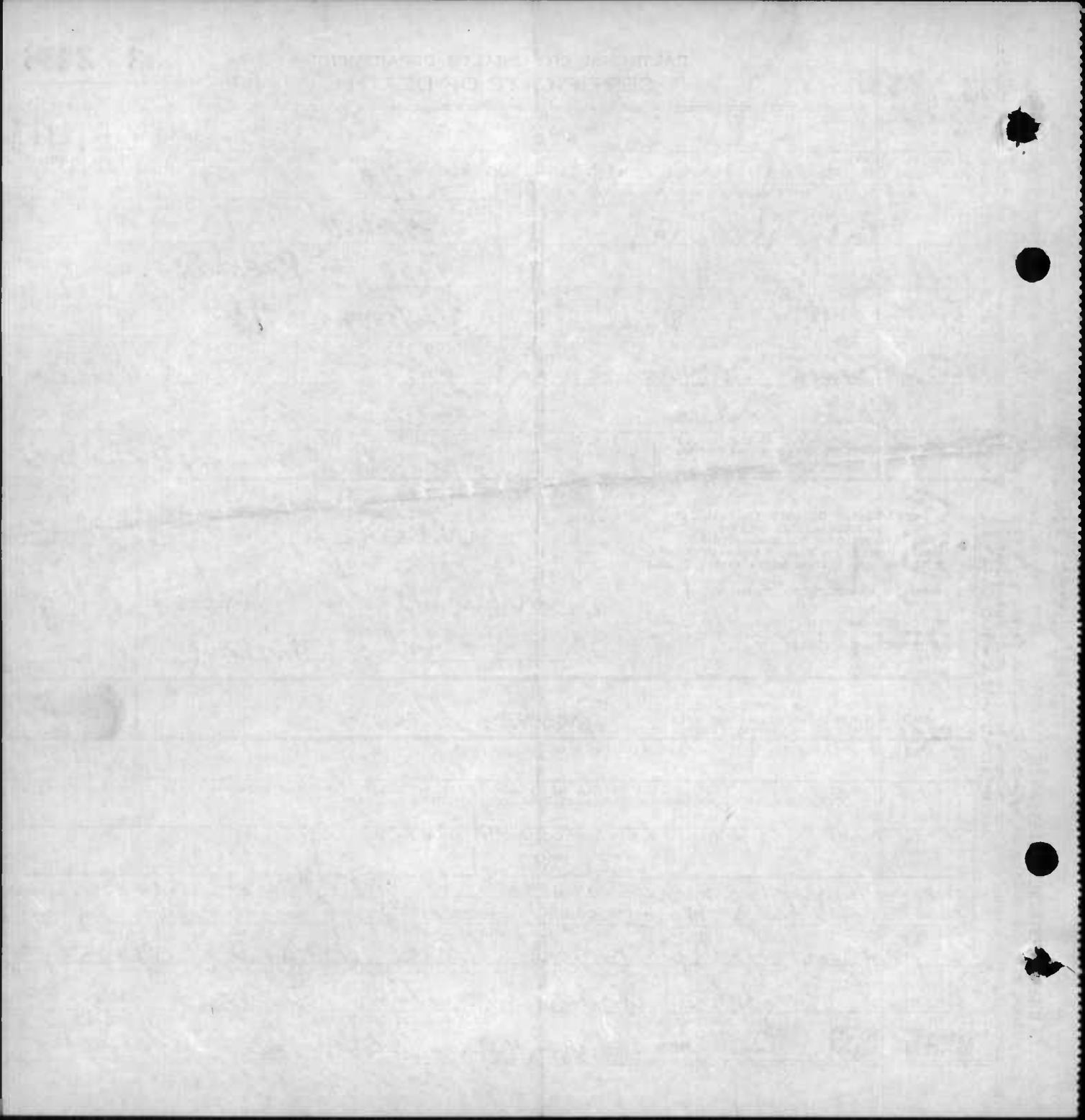
BIRTH NO. 53 2436

1. NAME OF DECEASED (Type or Print) <i>John Taylor</i>			2. DATE OF DEATH <i>March 5, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland Hosp.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland Hospital</i>			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>BALTO.</i>		
C. Length of stay in Baltimore <i>?</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1406 E. PRESTON.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/15/1884</i>	9. AGE (In years, last birthday) <i>68</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NIGHT WATCHMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>CANNING FACTORY</i>	11. BIRTH PLACE (State or foreign country) <i>VA.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>MOSES TAYLOR</i>			14. MOTHER'S MAIDEN NAME <i>JULIA ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Lucy Taylor 1406 E Preston</i>		

18. <i>422.1 and 260X</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>Uremia</i>
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		<i>Arteriosclerotic Cardis - 6 Mors. renal disease</i>
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Feb. 19 53</i> to <i>March 5 53</i> , that I last saw the deceased alive on <i>March 5 53</i> , and that death occurred at <i>6:40</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Samuel C. Leuten U.D.</i>	23B. ADDRESS <i>Thresh Hosp. Balto.</i>	23C. DATE SIGNED <i>March 5, 1953</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 8 53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Grubbs Memorial Park</i>	24D. LOCATION (City, town, or county) (State) <i>Seabrook Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 6 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Robert G. Elliott & Daugherty</i>		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2437

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)- Sniegoski
- SNIGOWSKA, Mrs Cecelia2. DATE
OF DEATH Mar. 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 130 S. Patterson Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR ST Joseph's Convalescent
INSTITUTION Home for AgedC. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)
Baltimore 1-05

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
130 S. Patterson Park Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
at Home11. BIRTHPLACE (State or foreign country)
Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

St. Helen 130 S. Patterson Park Ave

18. E903.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Branchopneumonia
DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of hip
DUE TO

10 weeks

(C) Decubitus ulcers
DUE TO

8 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-27-52

19B. MAJOR FINDINGS OF OPERATION

Subcapital fracture neck of femur

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
130 South Patterson Park Ave. 115

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec 23 1952

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to floor

22. I hereby certify that I attended the deceased from Dec 23, 1952, to Mar 6, 1953, that I last saw the deceased alive on Mar 5, 1953, and that death occurred at 12:38 m., from the causes and on the date stated above.

23A. SIGNATURE

S. E. Sullivan

23B. ADDRESS

1129 St Paul St. - 2 -

23C. DATE SIGNED

Mar 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953

VS 150

N 820.0

CHARLES F. EVANS & SON

118 W. Mt Royal Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2438**

1. NAME OF DECEASED (Type or Print) VINCENT L. PALMISANO			2. DATE OF DEATH March 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 3-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 63 Yrs			D. STREET ADDRESS (If rural, give location) 320 S. High St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13 1883	9. AGE (In years last birthday) 69	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Termini Imerese Italy		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Cosimo Palmisano			14. MOTHER'S MAIDEN NAME Anna Maria Sansone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Paoline Pizza 320 S. High St.		

18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Presumably drowned		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3/5/53		19B. MAJOR FINDINGS OF OPERATION Harbor		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> Foot of President Street		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Foot of President Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of President Street	
21D. TIME (Month) (Day) (Year) (Hour) Found: 3/5/53 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned 3/2	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					

23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER M.D. <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		23C. DATE SIGNED March 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 7 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. FUNERAL DIRECTOR Paul Della Croce		24F. ADDRESS 322 S. High St.	
DATE RECEIVED BY LOCAL REGISTRAR MARCH 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24G. ADDRESS 322 S. High St.	

N990X

0558U

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF THE CLERK

IN SENATE
JANUARY 1, 1911

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1909

AND BY THE ASSEMBLY

APRIL 1, 1909

AND BY THE SENATE

APRIL 1, 1909

AND BY THE ASSEMBLY

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2440
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARBARA MARGARET APPEL

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 144 N. Streeper St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

622 N. Luzerne Ave.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 3, 1886

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Charwoman

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Valentine Desell

14. MOTHER'S MAIDEN NAME

Anna Strommer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Madeline Kuczinski, dght, 144 N. Streeper

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *General Carcinomatosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma Bladder*
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

No operation
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

19B. MAJOR FINDINGS OF OPERATION

Ca Bladder (Radium Inserted)

20. AUTOPSY?

YES ☐ NO ☒

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/52, 19, to 1/5/53, 19, that I last saw the deceased alive on 1/4, 1953 and that death occurred at 1:22 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

2601 E. Monument

23C. DATE SIGNED

3/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Balair Rd., Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

VS 150

75374

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1954

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

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CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2441
Registered No. 53 2441

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALOIS NEMECEK

2. DATE
OF
DEATH

March 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1617 Elmtree St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Curtis Bay-

C. Length of stay in Baltimore

53 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1617 Elmtree St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 21, 1879

9. AGE (In years last birthday)

73

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Md. Drydock

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sophia Kliment Nemecek, wife, above

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov. 1952 to March 4, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 2:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Sidney R. Kildner

23B. ADDRESS

M. O.

4700 Gunning by Ave.

23C. DATE SIGNED

March 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

MAR 6 1953

5103U

WESTMONTARY HILL IN DISTRICT
CERTIFICATE OF DEATH

DATE OF BIRTH

DECEASED BY

DECEASED CAUSE

DECEASED ON

DECEASED AT

DECEASED IN

DECEASED BY

DECEASED ON

DECEASED AT

DECEASED IN

DECEASED BY

DECEASED ON

DECEASED AT

DECEASED IN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2442

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE E. KROENER

2. DATE
OF
DEATH

MAR: 3: 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

2120 WILHELM STREET

D. STREET ADDRESS (If rural, give location)

2120 WILHELM ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

11-27-1866

9. AGE (In years last birthday)

86

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

ROBERT FISH

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

EDWIN J. KROENER-2112 Boyd Street

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

10 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1953, to March 2, 1953, that I last saw the deceased alive on March 2, 1953, and that death occurred at 6:10 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. D.

23B. ADDRESS

1729 West Lombard Street

23C. DATE SIGNED

3/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR: 7: 1953

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN CEMETERY

24D. LOCATION (City, town, or county) (State)

A. A. Co. MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

F. B. Wippert & Son

VS 150

Dr. Albert Scagnetti

F. B. Wippert & Son: 1300 Eutaw Pl. 17

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

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PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2443
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES BOOKER CLARK, Jr.

2. DATE
OF
DEATH

3-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

401 Edsdale Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Federal Housing Administration

11. BIRTHPLACE (State or foreign country)

Ellicott City, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Booker Clark, Sr.

14. MOTHER'S MAIDEN NAME

Ellen Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)

Yes

WW 1

16. SOCIAL
SECURITY NO.

216-16-3425

17. INFORMANT

ADDRESS

G.Y. Clark, Ellicott City, Md

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio-Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Coronary Thrombosis, acute

(C) Arteriosclerosis, generalized

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 6 March, 1953, that I last saw the deceased alive on 6 March, 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-9-53

St. Johns

Ellicott City, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 1953

Huntington Williams, M.D.

F.C. Higinbotham, Ellicott City, Md.

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H 630
53 2444BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2444
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ella Virginia Howard</i>		2. DATE OF DEATH <i>March 6, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cockeysville</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>Warren Road 5300</i>			
c. Length of stay in Baltimore <i>2 weeks</i>		Yrs. Mos. Days			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 29, 1881</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Gregory</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Devese</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mr Roland T. Howard</i>	
18. <i>570.5</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Septicemia</i>			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Generalized Peritonitis</i>			
II		(C) <i>Perforated colon & Intestinal Obstruction</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Cardiac Decompensation</i>			
19A. DATE OF OPERATION <i>March 5, 1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>generalized peritonitis & abscess formation. Perforation of large bowel.</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>—</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>—</i>	
22. I hereby certify that I attended the deceased from <i>Feb 23, 1953</i> to <i>March 6, 1953</i> that I last saw the deceased alive on <i>March 6, 1953</i> , and that death occurred at <i>1:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Francis Hannel Warr</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>3-6-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-10-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodmont Hill</i>	
24D. LOCATION (City, town, or county) <i>Towson Md.</i>		25. FUNERAL DIRECTOR <i>S. Scott Buehler, Spauls, and</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS	

(Faint handwritten notes at the bottom of the page)

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2445
Registered No.

BIRTH NO. 53 2445

1. NAME OF DECEASED (Type or Print) <u>Sallie McCleary</u>		2. DATE OF DEATH <u>March 5, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>md.</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>12-07</u>	
c. Length of stay in Baltimore Yrs. <u>33</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>2644 Huntington</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 3 1876</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>72</u>
13. FATHER'S NAME <u>Jack Allen</u>		11. BIRTHPLACE (State or foreign country) <u>Ind.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>Ind.</u>	
16. SOCIAL SECURITY NO. <u>-</u>		14. MOTHER'S MAIDEN NAME <u>Phoebe</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Infarction</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis</u>	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

CERTIFICATION APPROVED BY
P. P. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>52</u> , to <u>Dec</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Lawrence E. Shulman</u> M. D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>3-6-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/9/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) <u>Taylor Ave.</u>		24E. STATE <u>md.</u>		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 7 1953</u>		REGISTRAR'S SIGNATURE <u>William W. Williams, M.D.</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Paul E. Williams, 3605 17th St. N.E.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

[Faint, illegible text and markings on a death certificate form, including fields for name, date, and cause of death.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2446**

53 2446
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louis Graf			2. DATE OF DEATH March 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4610 Mannasota Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4610 Mannasota Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 3, 1872		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Graf			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Josephine Graf, 4610 Mannasota Avenue		

18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 4 yrs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial insufficiency (B) DUE TO			2 days		
C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from mch 4, 1953 to mch 5, 1953 , that I last saw the deceased alive on 19 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Edmund J. Beeson		23B. ADDRESS W. O. Duckman		23C. DATE SIGNED 3/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/7/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Parkville, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 1953		REGISTRAR'S SIGNATURE Huntington Williams			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Date of Death		Place of Death		Cause of Death	
Time of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant	

Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant	
Date of Death		Place of Death		Usual Residence	
Time of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2447
Registered No.

5-315
53 2447
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nellie L. Stevenson</i>		2. DATE OF DEATH <i>Mar 6, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2949 Frederick Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>12-26-1879</i>
9. AGE (In years, last birthday) <i>73</i>		10. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	
13. FATHER'S NAME <i>? Risen</i>		14. MOTHER'S MAIDEN NAME <i>Murphy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH <i>CHRONIC MYELOGENOUS LEUKEMIA</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE</i>			
19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-22</i> , 19 <i>53</i> , to <i>3-6</i> , 19 <i>53</i> that I last saw the deceased alive on <i>3-6</i> , 19 <i>53</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. H. Clemons, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore 29, Md.</i>		24E. NAME OF FUNERAL DIRECTOR <i>Harry H. Kutzke</i>		24F. ADDRESS <i>4101 Edmondson Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH	
5. PLACE OF BIRTH		6. OCCUPATION		7. MARITAL STATUS		8. SOCIAL SECURITY NUMBER	
9. DATE OF DEATH		10. TIME OF DEATH		11. PLACE OF DEATH		12. CAUSE OF DEATH	
13. MANNER OF DEATH		14. MEDICAL HISTORY		15. PRESENT ILLNESS		16. TREATMENT	
17. SIGNATURE OF DECEASED		18. SIGNATURE OF WITNESS		19. SIGNATURE OF PHYSICIAN		20. SIGNATURE OF REGISTRAR	

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

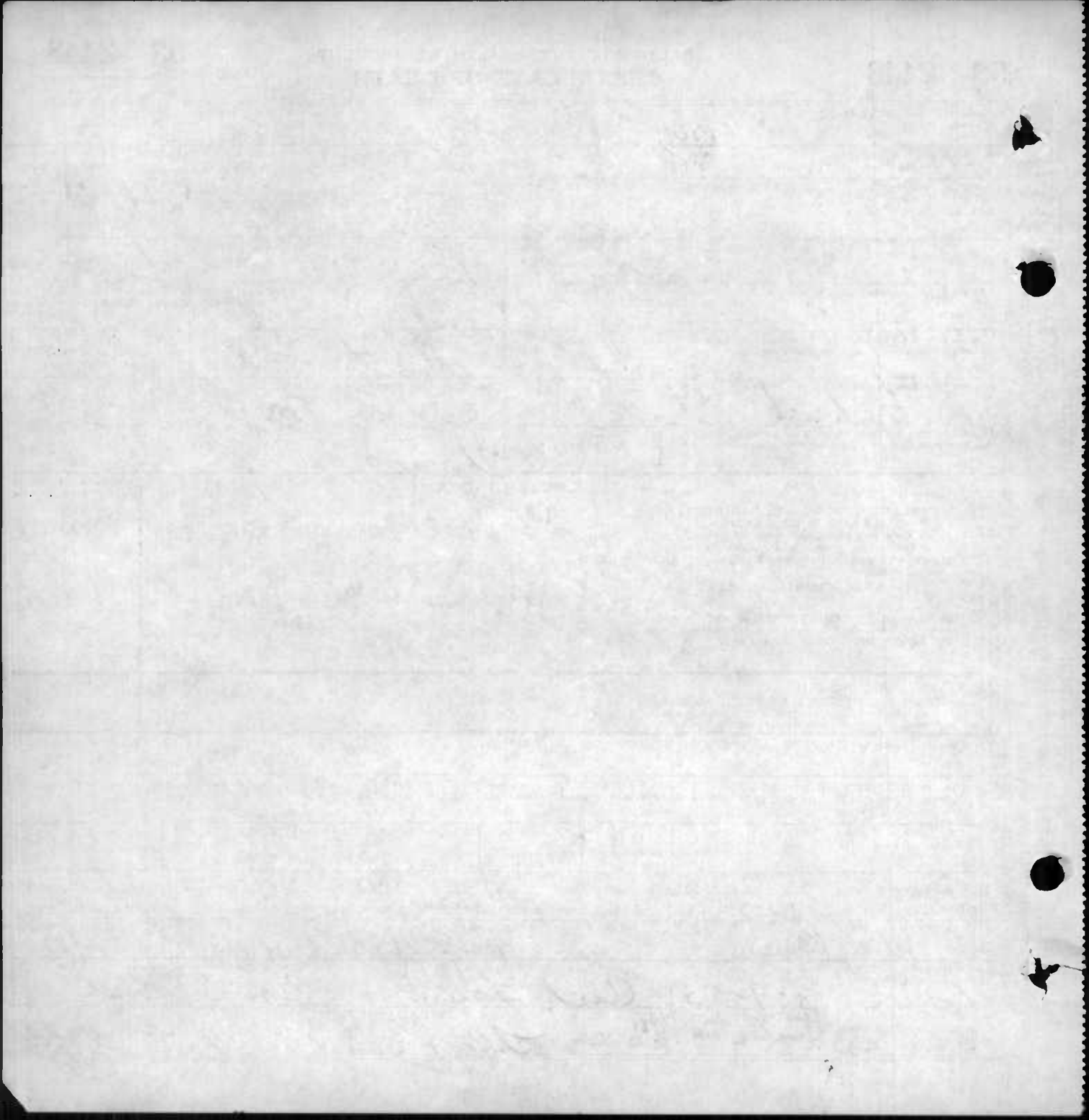
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2448**

M-610
53 2448

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary V. Murphy</i>		2. DATE OF DEATH <i>3-6-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1228 N. Potomac</i>		C. CITY OR TOWN (If outside corporate limits, write URAE and give township) <i>Balto - Md 8-0</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1228 N. Potomac Street</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	B. DATE OF BIRTH <i>12-1-93</i>	9. AGE (in years last birthday) <i>60</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Balto - Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>Frederick Stein</i>			14. MOTHER'S MAIDEN NAME <i>Anna Myers</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>same</i>		
18. <i>443X</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>			<i>24 hours</i>
ANTECEDENT CAUSES		(B) <i>Hypertensive Heart Disease</i>			<i>6 years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/24</i> , 19 <i>42</i> to <i>3/6/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/6/53</i> , 19 <i>53</i> , and that death occurred at <i>7:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Way Baum</i>		23B. ADDRESS <i>15016 Union Ave</i>		23C. DATE SIGNED <i>3/7/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-9-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Clark Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Thurston Williams, 463 S. 2nd St.</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2449

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY J. VAN DOVERN

2. DATE
OF
DEATH

3/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Fort Holabird Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Balto - Md 2-03

D. STREET ADDRESS (If rural, give location)

1913 Cedar Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-11-85

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Captain Fire Dept. Fort Holabird

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John VanDovern

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

John VanDovern

ADDRESS

same

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC HEART
Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-10-53

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews

24D. LOCATION (City, town, or county)

Baltimore - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 1953

Huntington Williams

Tilly & Zuh - ch - 403 S

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2450

BIRTH NO. 2450

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
RICHARD L. CLARK			March 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE Maryland		
Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2030 Eutaw Place		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Male	White	married	Mar. 27, 1921	31	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Painter			New York State		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Leslie Clark			Anna McEwen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT
yes			W.W. 2		Mrs. R. L. Clark, 2030 Eutaw Place, Balto.
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
(A) Crushing injury of chest			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Fracture of left arm and left leg		
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		street		Madison Avenue and Whitelock St. 12/11	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
March 6, 1953 7:10 A. M.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Driver of motor-cycle in collision with truck	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
R. L. Fisher		M.D.		March 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
burial		3/9/53		Parkwood Cemetery	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
Balto., Md.		MAR 7 1953		Huntington Williams Funeral Home	
24F. REGISTRAR'S SIGNATURE		24G. ADDRESS		24H. ADDRESS	
Huntington Williams		7401 Belair Rd.			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2451

BIRTH NO.		1. NAME OF DECEASED (Type or Print) IRENE A. GANTER		2. DATE OF DEATH 3/6/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRADSHAW.			
c. Length of stay in Baltimore 14 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5200			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Feb 27 1895	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10B. KIND OF BUSINESS OR INDUSTRY restaurant		11. BIRTHPLACE (State or foreign country) PA.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME JOHN A. KRUMMELL		14. MOTHER'S MAIDEN NAME ERNESTIN HUBER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) + (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. P. Herber, Bradshaw, Md.	
18. 626X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PERITONITIS, GENERALIZED DUE TO (A) PERITONITIS, GENERALIZED DUE TO (B) PELVIC ABSCESES DUE TO (C) MULT. DIVERTICULI		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 1 + yrs. 22 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2/26/53		19B. MAJOR FINDINGS OF OPERATION MULTIPLE PELVIC ABSCESES		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LIVING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/20 , 1953, to 3/6 , 1953 that I last saw the deceased alive on 3/6 , 1953, and that death occurred at 3:00 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE John A. Indur		23B. ADDRESS Ind. General Hospital		23C. DATE SIGNED 3/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Mar. 10, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Michaels Lutheran	
24D. LOCATION (City, town, or county) (State) Fullerton, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 7 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Thos. J. Ferrell		24H. ADDRESS 7401 Belair Rd.		24I. VS 150	

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1913

1913

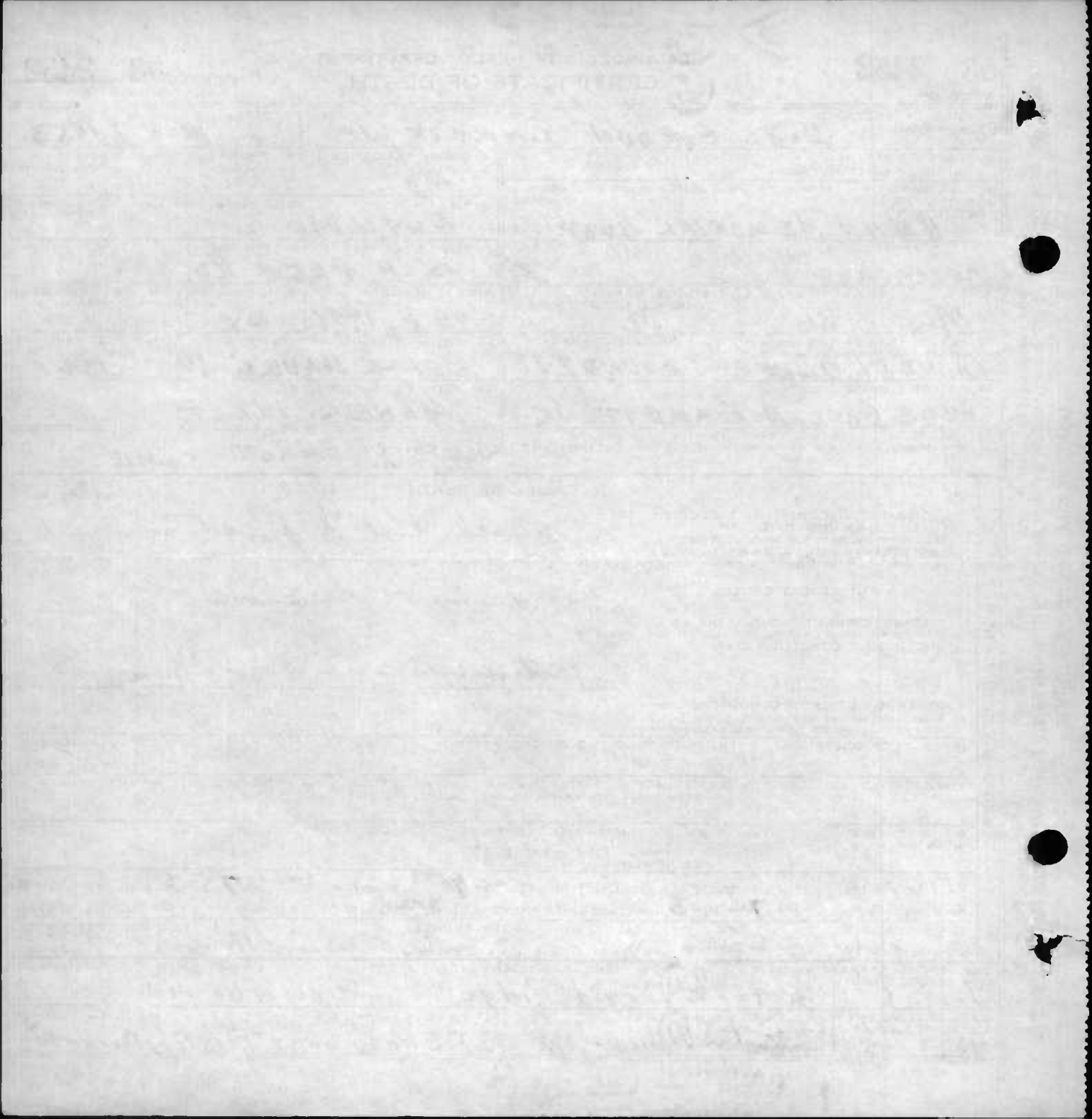
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2452

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2452

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WADE GORDON EMMETT JR.		2. DATE OF DEATH Mar 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GLYNDON			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 15 BUTLER RD.			
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH AUG 6, 1908	9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY OWNER		10B. KIND OF BUSINESS OR INDUSTRY LAUNDRY		11. BIRTHPLACE (State or foreign country) BEAVER HAVEN VA	
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME WADE GORDON EMMETT JR.		14. MOTHER'S MAIDEN NAME MABEL WEST.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO.		17. INFORMANT Josephine L Emmett WIFE	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		CAUSE OF DEATH (A) Myocardial Infarction DUE TO (B) Coronary occlusion DUE TO (C) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 6th, 1953 to Mar 9th, 1953 , that I last saw the deceased alive on Mar 7th, 1953 , and that death occurred at 3:22 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harvey S. Green, Jr.		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 3-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 9-53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Md		25. FUNERAL DIRECTOR J.F. Eline, Sons		REGISTERAR'S SIGNATURE Huntington Williams, M.D.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 1953		ADDRESS Reisterstown Md			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2453

Registered No.

53 2453

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura E. Loeffler

2. DATE
OF
DEATH

3/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2805 Halcyon Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

2805 Halcyon Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 2, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Huck

14. MOTHER'S MAIDEN NAME

Annie C. Schultheis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
None17. INFORMANT Ed. Loeffler ADDRESS
Husband 2805 Halcyon Ave.

18.

170X

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Carcinoma of Left Breast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to 3/4, 1953, that I last saw the
deceased alive on 3/4, 1953, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3/7/53

24c. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24d. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 1953

Huntington Williams, M.D.

Paul A. Heermann 6067 Harford Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS

County of _____

Know all men by these presents, _____

for and in consideration of the sum of _____

to _____

the receipt of which is hereby acknowledged, _____

do hereby certify that _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2454
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WM ARLOOGE

2. DATE
OF
DEATH

2-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION UNIVERSITY HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

537 JOHANNSON ST JOHANNSEIN

5. SEX

MALE

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years
last birthday)

63.?

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

UNKNOWN

12. CITIZEN OF
WHAT COUNTRY?

U-S-A

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED SERVICES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

214-03-3639

17. INFORMANT

ADDRESS

VEDDER, SMITH 537 JOHANNSON ST

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC HEART

DUE TO

Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER... ☒
ASSISTANT MEDICAL EXAMINER... ☐
MEDICAL INVESTIGATOR... ☐23C. DATE SIGNED
2-24-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN-CEM

24D. LOCATION (City, town, or county)

BALTIMORE - MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 1953

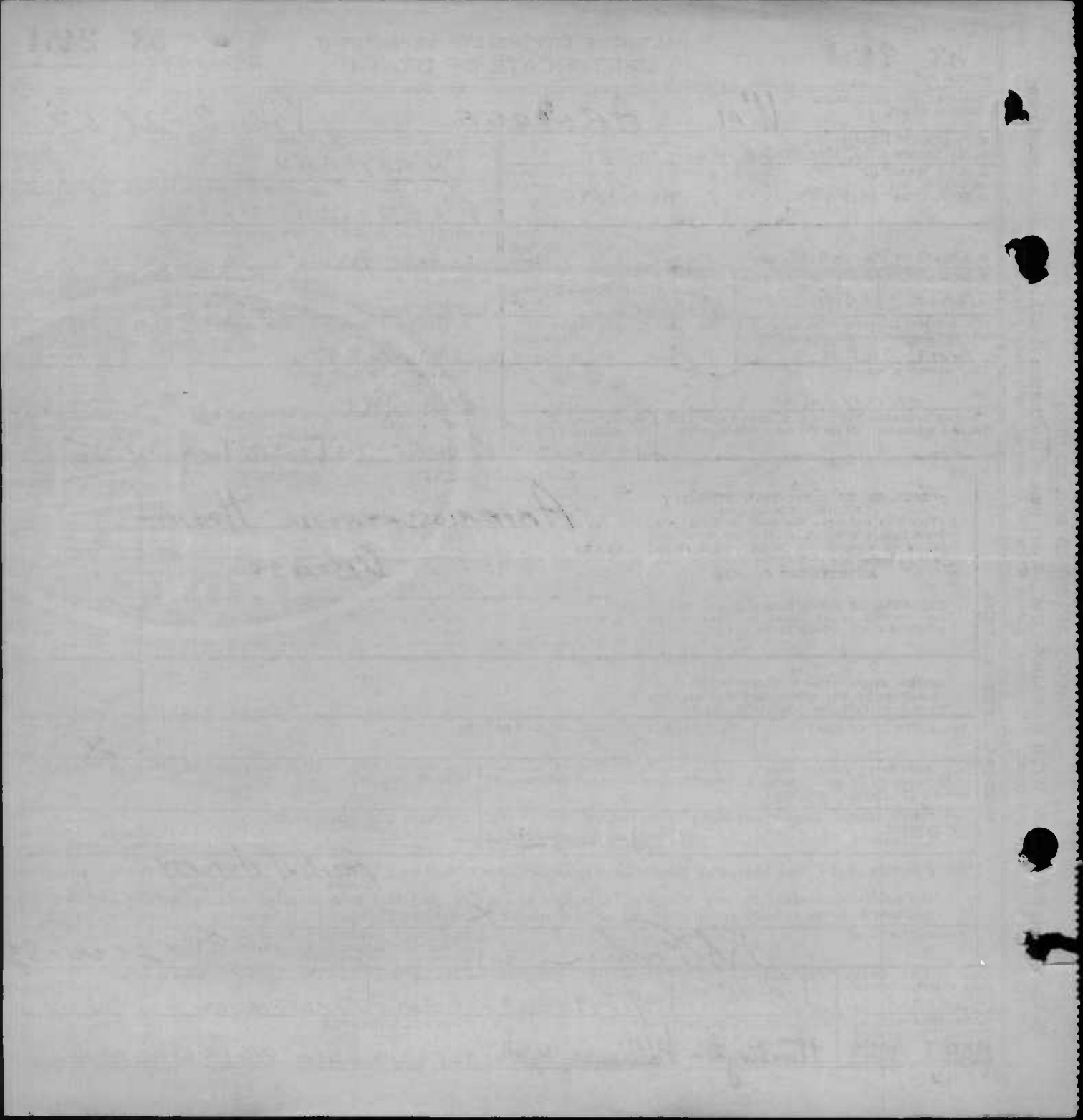
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WM A JACOBSON 916 PENNA-AVE.

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2455**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE F TAYLOR

2. DATE
OF
DEATH

MARCH 6 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARY LAND

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2202 N. CALVERT ST

B. FULL NAME OF HOSPITAL OR INSTITUTION

2202 N. CALVERT ST

c. Length of stay in Baltimore

LIFE TIME

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

8-28-1874

9. AGE (in years last birthday)

78

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House W.ife

10B. KIND OF BUSINESS OR INDUSTRY

AT Home

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Schwartz

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

B. ROTH RITTMAN

ADDRESS

2202 N. CALVERT ST

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hem.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/6**, 19**53** to **3/6**, 19**53**, that I last saw the deceased alive on **3/6**, 19**53**, and that death occurred at **2** a. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

20204, Charles St

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MARCH 9-1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county) (State)

A. A. CO.

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHAS. F. EVANS + SON

ADDRESS

118 N. MT ROYAL AVE

MAR 7 1953

VS 150

Dr Geo W De Hoff
2020 N Charles ST.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2456

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST STEPOULOS

2. DATE
OF
DEATH

3/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY - before admission)

M. West Va.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Morgantown

D. STREET ADDRESS (If rural, give location)

272 Westman St

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1894, MARCH 15

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Heavist

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

- Asia Minor

12. CITIZEN OF
WHAT COUNTRY?

Unknown

13. FATHER'S NAME

Demetrius Steoulos

14. MOTHER'S MAIDEN NAME

- Olga Batlas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Infarction

(C) Cerebrovascular Accident

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/53, 19__, to 3/6/53, 19__, that I last saw the
deceased alive on 3/6/53, 19__, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald Berger

23B. ADDRESS

2300 St. George

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/7/53

24C. NAME OF CEMETERY OR CREMATORY

Morgantown

24D. LOCATION (City, town, or county)

Morgantown, West Va.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

St. M. Cook, Inc., 1212 St. Paul St.

ADDRESS

VS 150

2906R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2457**

53 2457
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CECILIA KREYMBORG		2. DATE OF DEATH March 5, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Lived in Baltimore		d. STREET ADDRESS (If rural, give location) 1943 W. Fayette Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 4/27-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WORK	9. AGE (In years last birthday) 67
13. FATHER'S NAME BERNARD KREYMOORE		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
14. MOTHER'S MAIDEN NAME ELIZABETH KATHMAN		17. INFORMANT ADDRESS ELIZABETH WEIGMAN 1943 W. Fayette St.	

18. E983X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Craniocerebral injury**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) alley		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of 1904 W. Baltimore St.	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY March 5, 1953 2:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Multiple blows to head	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 6, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/9/53	24C. NAME OF CEMETERY OR CREMATORY ITALY REDEEMER	24D. LOCATION (City, town, or county) (State) BALTO. MD.
--	----------------------------	---	--

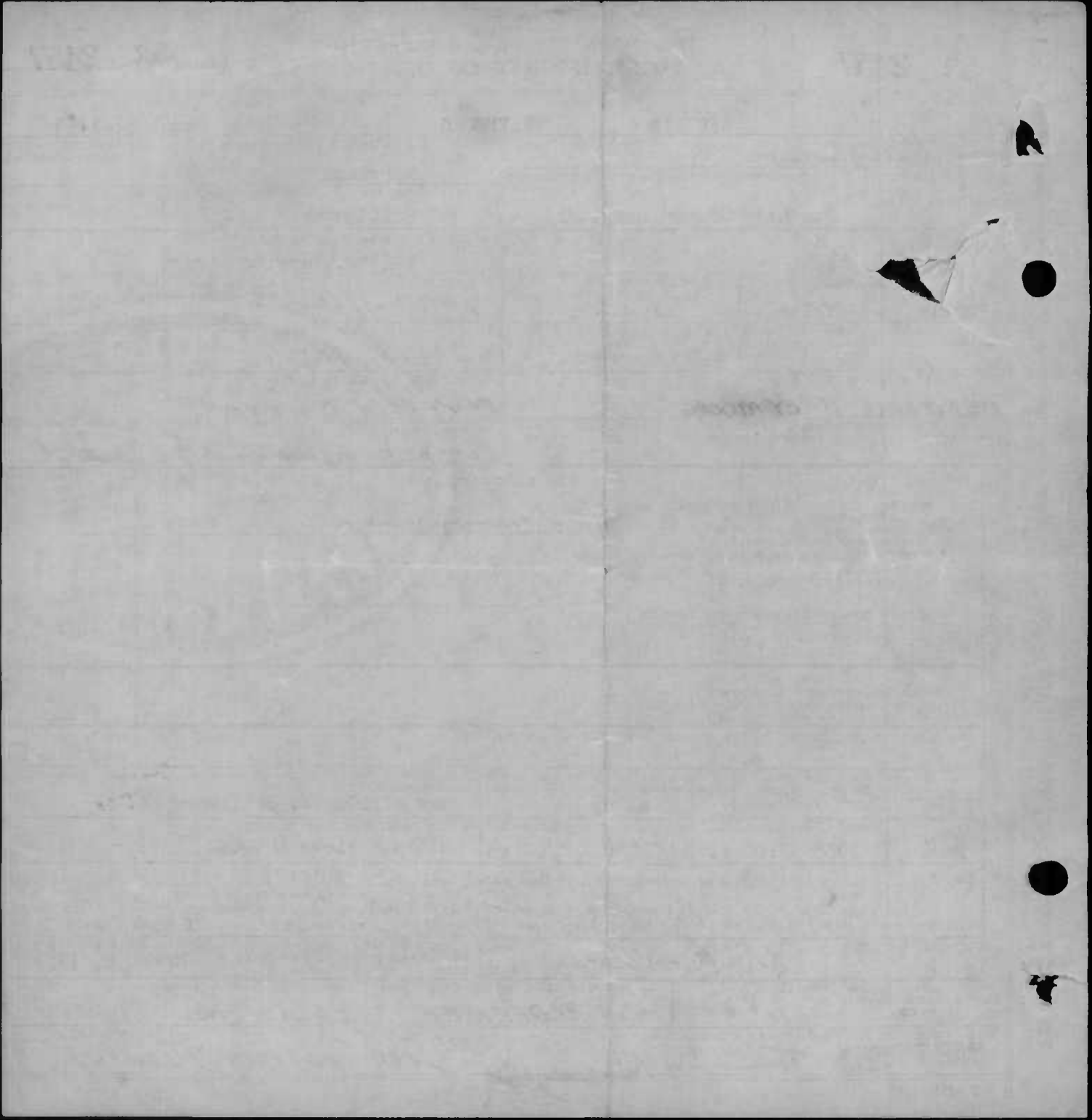
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. H. McLaughlin, Inc. 1217 S. Paul St.	ADDRESS
---	---	---	---------

VS 151

V853X

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2458**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Salvatore Pitarra.**2. DATE
OF
DEATH**Mar. 5, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**3914 W. Belvedere Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

3914 W. Belvedere Ave.

c. Length of stay in Baltimore

55 yearsYrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 12, 1882

9. AGE (In years,

last birthday)

70If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**self-employed owner**10B. KIND OF BUSINESS OR
INDUSTRY**Tavern**

11. BIRTHPLACE (State or foreign country)

Italy12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Salvatore Pitarra

14. MOTHER'S MAIDEN NAME

Maryanna Dalfonsio15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**none**

17. INFORMANT

ADDRESS

Mr. Joseph Pitarra, 3814 W. Belvedere Ave.18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

**Hypertensive and
Chronic Sclerotic Heart
Disease****about
5 years**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

**1949, to March 5, 1953, that I last saw the
deceased alive on Feb. 25, 1953, and that death occurred at 825 m., from the causes and on the date stated above.**

23A. SIGNATURE

John P. Sluck,

M. D.

23B. ADDRESS

5356 Reisterstown Road

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**burial**

24B. DATE

Mar. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 1953**Huntington Williams, M.D. La Vernon Linnon****4611 Park Heights A.**

VS 150

29064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

D. FLOYD BRINSFIELD

2. DATE
OF
DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Bercharator

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ORhodesdale, RHodesDALE

D. STREET ADDRESS (If rural, give location)

5900

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/18/95

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Congressman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Brinsfield

14. MOTHER'S MAIDEN NAME

Eleanor Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Lottie Brinsfield Rhodesdale Rd 75

18. 587.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Post-op Acute Pancreatitis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/20/53 Annapolis

19B. MAJOR FINDINGS OF OPERATION

Hospital Fat necrosis of the round ligament & omentum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/53, 19__, to 3/7/53, 19__, that I last saw the
deceased alive on 3/7/53, 19__, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. D. Hunter

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

3/7

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March-10

24C. NAME OF CEMETERY OR CREMATORY

Eldorado Cemetery

24D. LOCATION (City, town, or county) (State)

Eldorado Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

177 Lexington Son Federalburg

VS 150

25091

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document file for Provisional Anatomical Diagnosis

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2460
Registered No. 53 2460

BIRTH NO. 53 2460

1. NAME OF DECEASED (Type or Print) <u>Lucy W. yatt</u>			2. DATE OF DEATH <u>March 5, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>26 years.</u>			D. STREET ADDRESS (If rural, give location) <u>715 N. Appleton St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-16-07</u>	9. AGE (In years last birthday) <u>45</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Durham, N. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>John Cotton</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u> ✓		

18. <u>416X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>1</u> <u>anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Pericarditis</u> <u>Rheumatic Heart Disease</u>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>2-26</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1953, to 3-5, 1953, that I last saw the deceased alive on 3-5, 1953, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE Medicine W. D. Dick M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	24B. DATE <u>Mar. 9, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Reburied Mem. Pk. Baltimore, Md.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 7 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Funeral Home</u> <u>1631 Druid Hill Ave.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF VITAL STATISTICS

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2461

53 2461
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Frank Cupid</i>		2. DATE OF DEATH <i>March 6, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>723 N. Disqueith</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 6, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTH PLACE (State or foreign country) <i>West. Maryland Co. Va.</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Helen Johnson</i>		18. ADDRESS <i>723 Disqueith St.</i>	

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia R.L.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Gen. arteriosclerosis.</i>		
19A. DATE OF OPERATION <i>3-6-1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>Gen. arteriosclerosis.</i>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3-6-1953</i> , to <i>3-6-1953</i> , that I last saw the deceased alive on <i>3-6-1953</i> , and that death occurred at <i>6 P.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>David Lukens</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Mar. 9, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Silam Baptist</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	24E. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	24F. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>David Will</i>

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Duration of illness		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of disposition		20. Signature of final disposition	
21. Signature of final disposition		22. Signature of final disposition		23. Signature of final disposition		24. Signature of final disposition	
25. Signature of final disposition		26. Signature of final disposition		27. Signature of final disposition		28. Signature of final disposition	
29. Signature of final disposition		30. Signature of final disposition		31. Signature of final disposition		32. Signature of final disposition	
33. Signature of final disposition		34. Signature of final disposition		35. Signature of final disposition		36. Signature of final disposition	
37. Signature of final disposition		38. Signature of final disposition		39. Signature of final disposition		40. Signature of final disposition	
41. Signature of final disposition		42. Signature of final disposition		43. Signature of final disposition		44. Signature of final disposition	
45. Signature of final disposition		46. Signature of final disposition		47. Signature of final disposition		48. Signature of final disposition	
49. Signature of final disposition		50. Signature of final disposition		51. Signature of final disposition		52. Signature of final disposition	
53. Signature of final disposition		54. Signature of final disposition		55. Signature of final disposition		56. Signature of final disposition	
57. Signature of final disposition		58. Signature of final disposition		59. Signature of final disposition		60. Signature of final disposition	
61. Signature of final disposition		62. Signature of final disposition		63. Signature of final disposition		64. Signature of final disposition	
65. Signature of final disposition		66. Signature of final disposition		67. Signature of final disposition		68. Signature of final disposition	
69. Signature of final disposition		70. Signature of final disposition		71. Signature of final disposition		72. Signature of final disposition	
73. Signature of final disposition		74. Signature of final disposition		75. Signature of final disposition		76. Signature of final disposition	
77. Signature of final disposition		78. Signature of final disposition		79. Signature of final disposition		80. Signature of final disposition	
81. Signature of final disposition		82. Signature of final disposition		83. Signature of final disposition		84. Signature of final disposition	
85. Signature of final disposition		86. Signature of final disposition		87. Signature of final disposition		88. Signature of final disposition	
89. Signature of final disposition		90. Signature of final disposition		91. Signature of final disposition		92. Signature of final disposition	
93. Signature of final disposition		94. Signature of final disposition		95. Signature of final disposition		96. Signature of final disposition	
97. Signature of final disposition		98. Signature of final disposition		99. Signature of final disposition		100. Signature of final disposition	

53 2462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2462

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Wallace

2. DATE
OF
DEATH

March 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

20 Yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2300 Harford Rd. #18

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Div.

8. DATE OF BIRTH

Mar 11 1889

9. AGE (In years
last birthday)

33

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

Lunch Room

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

Mittie Lator

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Sterling Wash. H. L.

18.

581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis of Liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 31, 1952, to March 7, 1953, that I last saw the
deceased alive on March 7, 1953, and that death occurred at 12:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

R. J. Shaw

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

March 7, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 10 1953

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Hamlet, N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 8 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Leo S. L. Sch. 1703 N. Patti Pk. Ave

25. FUNERAL DIRECTOR

ADDRESS

VS 150

784 6M

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERIODICITY

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF EXAMINER

SIGNATURE OF EXAMINER

DATE OF SIGNATURE

PLACE OF SIGNATURE

H-155

53 2463

53 2463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) -

THEODORE HOWARD HOFFMAN

2. DATE
OF
DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

harroll

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
WESTMINSTER 5641 township)

D. STREET ADDRESS (If rural, give location)

116 W. MAIN ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/3/05

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J. FRANK HOFFMAN

14. MOTHER'S MAIDEN NAME

MARY E. LILE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Hospital files

ADDRESS

18. 145X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CACHEXIA

DUE TO

ANTECEDENT CAUSES

(B)

MULTIPLE METASTASIS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CA OF TONSILAR FOSSA

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1953 to 3/7, 1953, that I last saw the
deceased alive on 3/7, 1953 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John Garrett

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/53

24C. NAME OF CEMETERY OR CREMATORY

Westminster Cemetery Westminster Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. E. Majors, Jr. Westminster Md.

VS 150

97099

md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of medical officer		14. Signature of coroner		15. Signature of jury	
16. Signature of witness		17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness		25. Signature of witness	
26. Signature of witness		27. Signature of witness		28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness		34. Signature of witness		35. Signature of witness	
36. Signature of witness		37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness		49. Signature of witness		50. Signature of witness	
51. Signature of witness		52. Signature of witness		53. Signature of witness		54. Signature of witness		55. Signature of witness	
56. Signature of witness		57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness		65. Signature of witness	
66. Signature of witness		67. Signature of witness		68. Signature of witness		69. Signature of witness		70. Signature of witness	
71. Signature of witness		72. Signature of witness		73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness		85. Signature of witness	
86. Signature of witness		87. Signature of witness		88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness		94. Signature of witness		95. Signature of witness	
96. Signature of witness		97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2-28, 1953, to 3-5, 1953, that I last saw the
deceased alive on 3-5, 1953, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. GOVERNMENT PRINTING OFFICE: 1964

10-70801-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2465

Registered No.

BIRTH NO.

53-01545

1. NAME OF DECEASED
(Type or Print)

Baby "A" Salea

2. DATE
OF
DEATH

1/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-03

C. Length of stay in Baltimore

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

1318 EDISON Hwy #13

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9. AGE (In years last birthday)

H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Florance Louise Nagy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 774x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1953, to 1/19, 1953 that I last saw the deceased alive on 1/19, 1953, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Leah Hammer

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 5 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

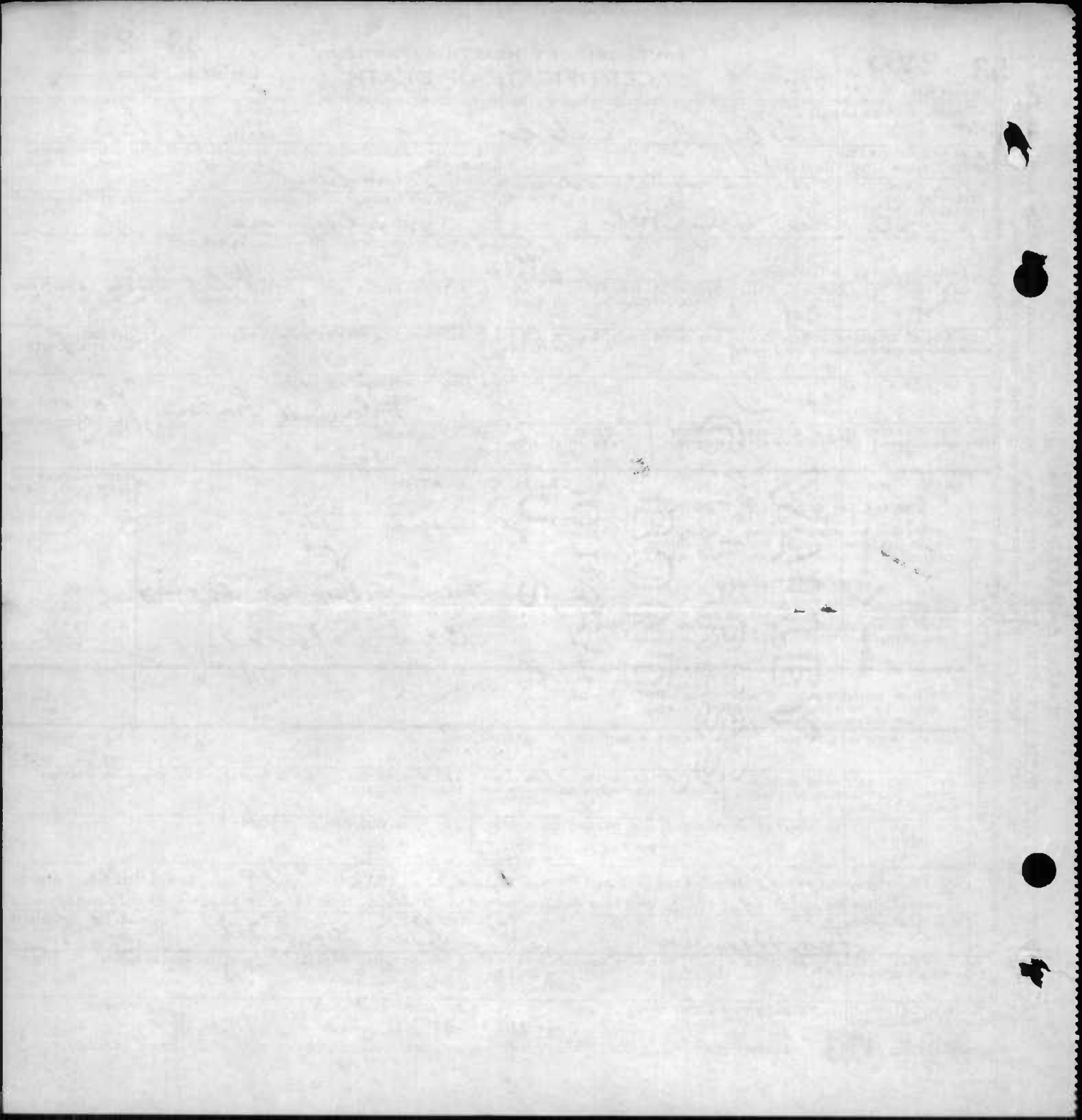
25. FUNERAL DIRECTOR

ADDRESS

MAR 8 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



I-232
53 2466BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2466
Registered No.

BIRTH NO. 53-02267

1. NAME OF DECEASED
(Type or Print)

Baby Girl Ickowitz

2. DATE
OF
DEATH 1-29-533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-12

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2610 7101st AVE #15

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-29-53

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

1 45

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Berel Ickowitz

14. MOTHER'S MAIDEN NAME

Schneiderman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mother

ADDRESS

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 PM 1/28, 1953, to 12 AM 1/29, 1953, that I last saw the
deceased alive on 11 PM 1/28, 1953, and that death occurred at 11 PM m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur M. Rudolph

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 6 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 1953

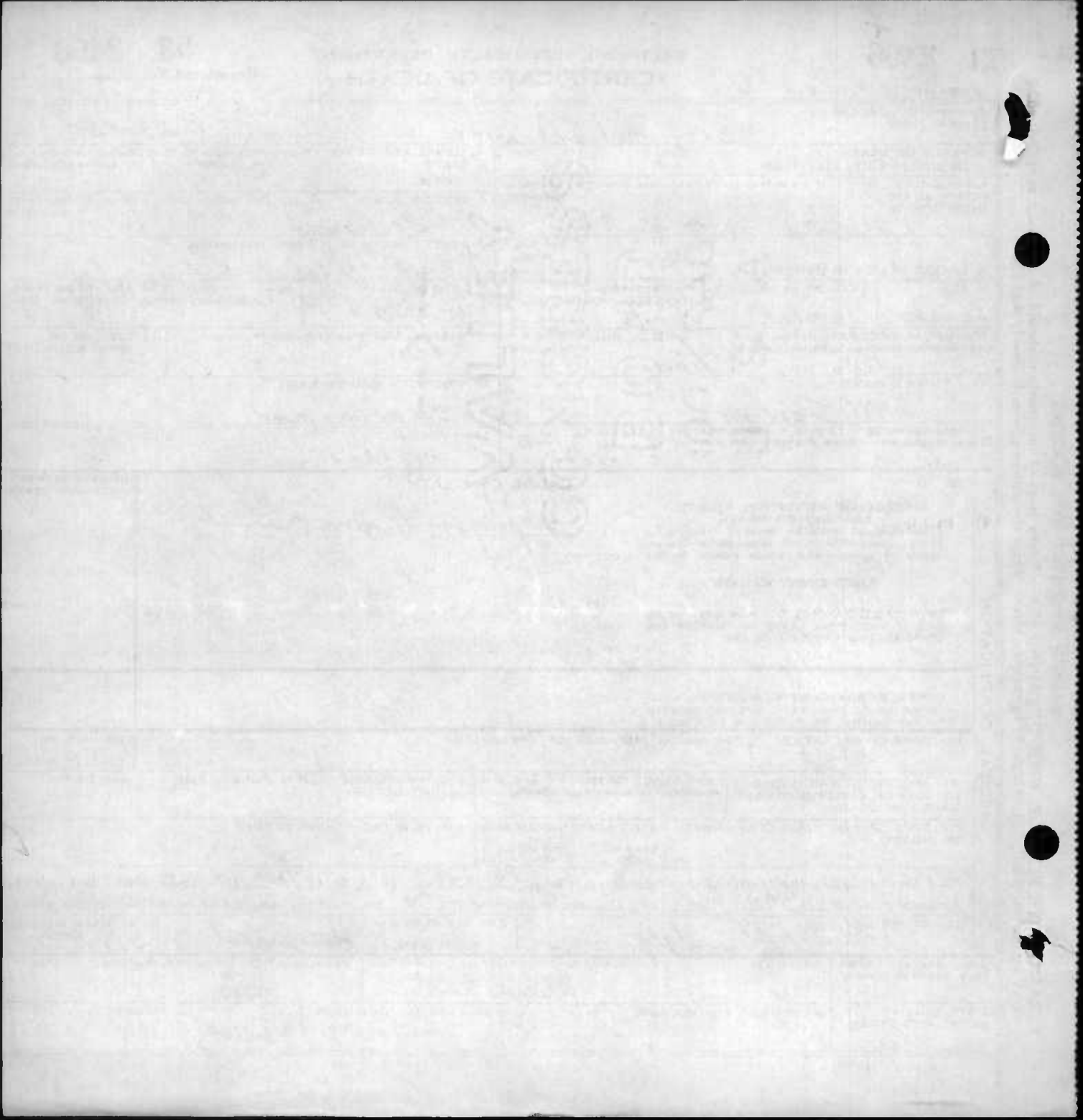
VS 150

Therese J. Williams, M.D.

Therese J. Williams, M.D.

MARGIN RESERVED FOR BINDING

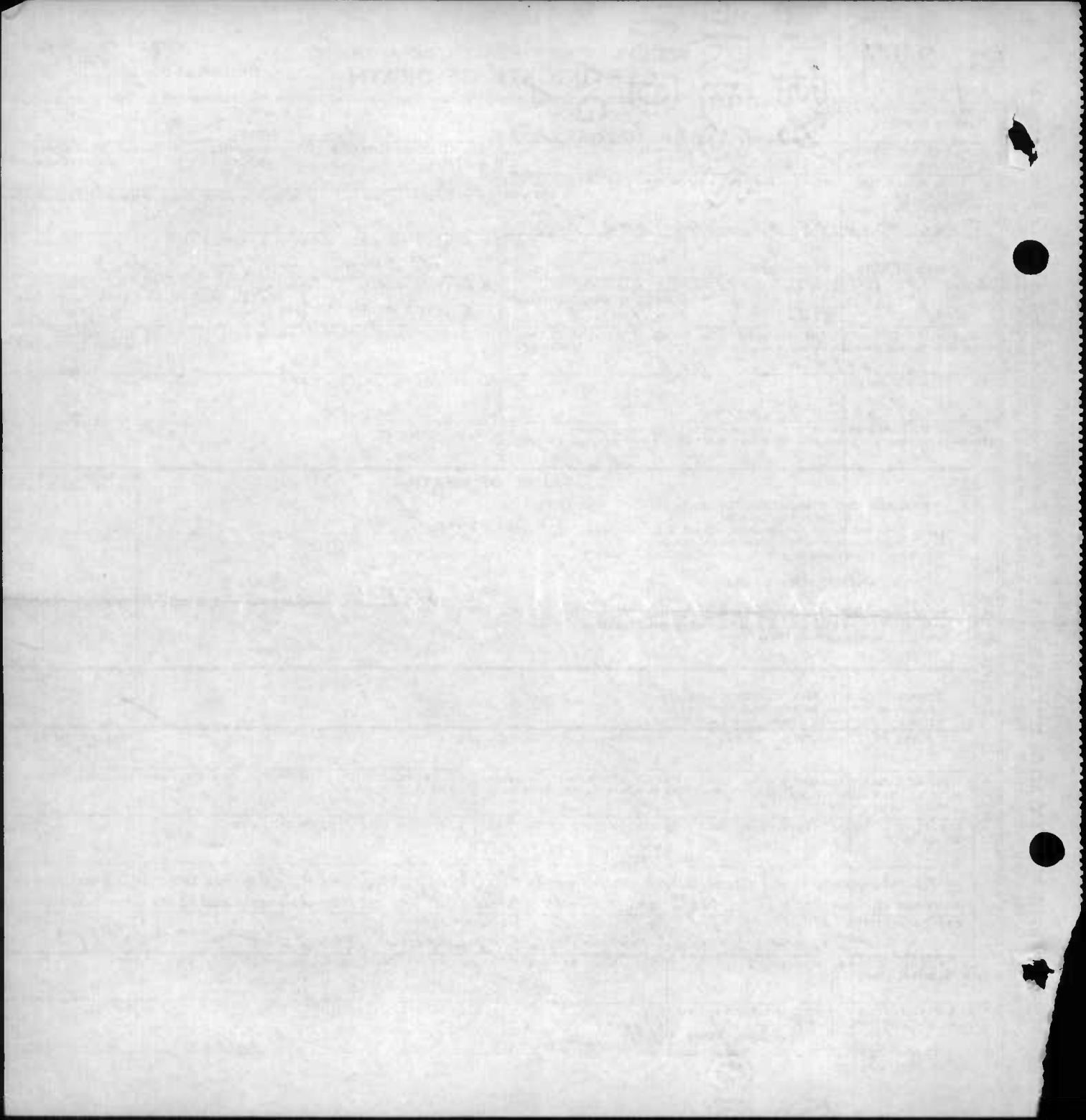
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

<div style="display: flex; justify-content: space-between;"> 53 2467 BALTIMORE CITY HEALTH DEPARTMENT 53 2467 </div> <div style="text-align: center;"> CERTIFICATE OF DEATH </div>	
BIRTH NO. <u>53-03590</u>	
1. NAME OF DECEASED (Type or Print) <u>Baby Boy Ballessimo</u>	
2. DATE OF DEATH <u>2-15-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>8-02</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Sinai Hospital of Baltimore, Inc.</u>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
7. STREET ADDRESS (If rural, give location) <u>1730 N. Bradford St #13</u>	
8. Length of stay in Baltimore Yrs. <u>42</u> Mos. <u>0</u> Days <u>0</u>	
9. SEX <u>male</u>	10. COLOR OR RACE <u>white</u>
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	12. DATE OF BIRTH <u>2-15-53</u>
13. AGE (In years last birthday) <u>4</u>	14. If Under 1 Year: Months <u>0</u> Days <u>10</u> 15. If Under 24 Hours: Hours <u>4</u> Min. <u>10</u>
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
17. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
18. BIRTHPLACE (State or foreign country) <u>Strunk</u>	
19. CITIZEN OF WHAT COUNTRY? <u>Strunk</u>	
20. FATHER'S NAME <u>Charles Ballessimo</u>	
21. MOTHER'S MAIDEN NAME <u>mother</u>	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
23. SOCIAL SECURITY NO. <u>NONE</u>	
24. ADDRESS <u>mother</u>	
25. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Immaturity</u> (A) DUE TO (B) <u>Breath delivery</u> DUE TO (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
27. MEDICAL CERTIFICATION 19A. DATE OF OPERATION <u>0</u> 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6:30 AM 2/15, 1953</u> , to <u>10:40 AM 4/6/53</u> , that I last saw the deceased alive on <u>2/15, 1953</u> , and that death occurred on <u>2/15</u> at <u>10:40</u> A.M., from the causes and on the date stated above.	
23A. SIGNATURE <u>Arthur J. Schubert</u> M.D. 23B. ADDRESS <u>Sinai Hospital</u> 23C. DATE SIGNED <u>3/1/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) <u>JOHN HOPKINS MEDICAL SCHOOL MAR 6 1953</u>	
25. FUNERAL DIRECTOR ADDRESS <u>Huntington Williams, M.D.</u>	



53 2458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2458

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Sandler

2. DATE
OF
DEATH

March 7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Virginia

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3101 Carlisle Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Norfolk

C. Length of stay in Baltimore

4 months

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

734 E. 27th Street

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1886

9. AGE (In years

last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Hyman Mofsovitzy

14. MOTHER'S MAIDEN NAME

Rittel Levinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Henry Sandler - 4019 Edgewood Rd

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

? hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral arteriosclerosis

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Renal Disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1953, to 3-7, 1953, that I last saw the
deceased alive on 3-7, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley R. Steinbach

M. D.

23B. ADDRESS

3334 Delfield

23C. DATE SIGNED

3-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/8/53

24C. NAME OF CEMETERY OR CREMATORY

Norfolk Va

24D. LOCATION (City, town, or county)

Norfolk, Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson - Bros - 1124-26

W. North Ave.

VS 150

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

NAME OF SUBJECT

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

EDUCATION

OCCUPATION

RELIGION

POLITICAL AFFILIATION

ACTIVITIES

ASSOCIATIONS

REMARKS

DATE OF REPORT

REPORT MADE BY

DATE OF INTERVIEW

INTERVIEWED BY

53 2469

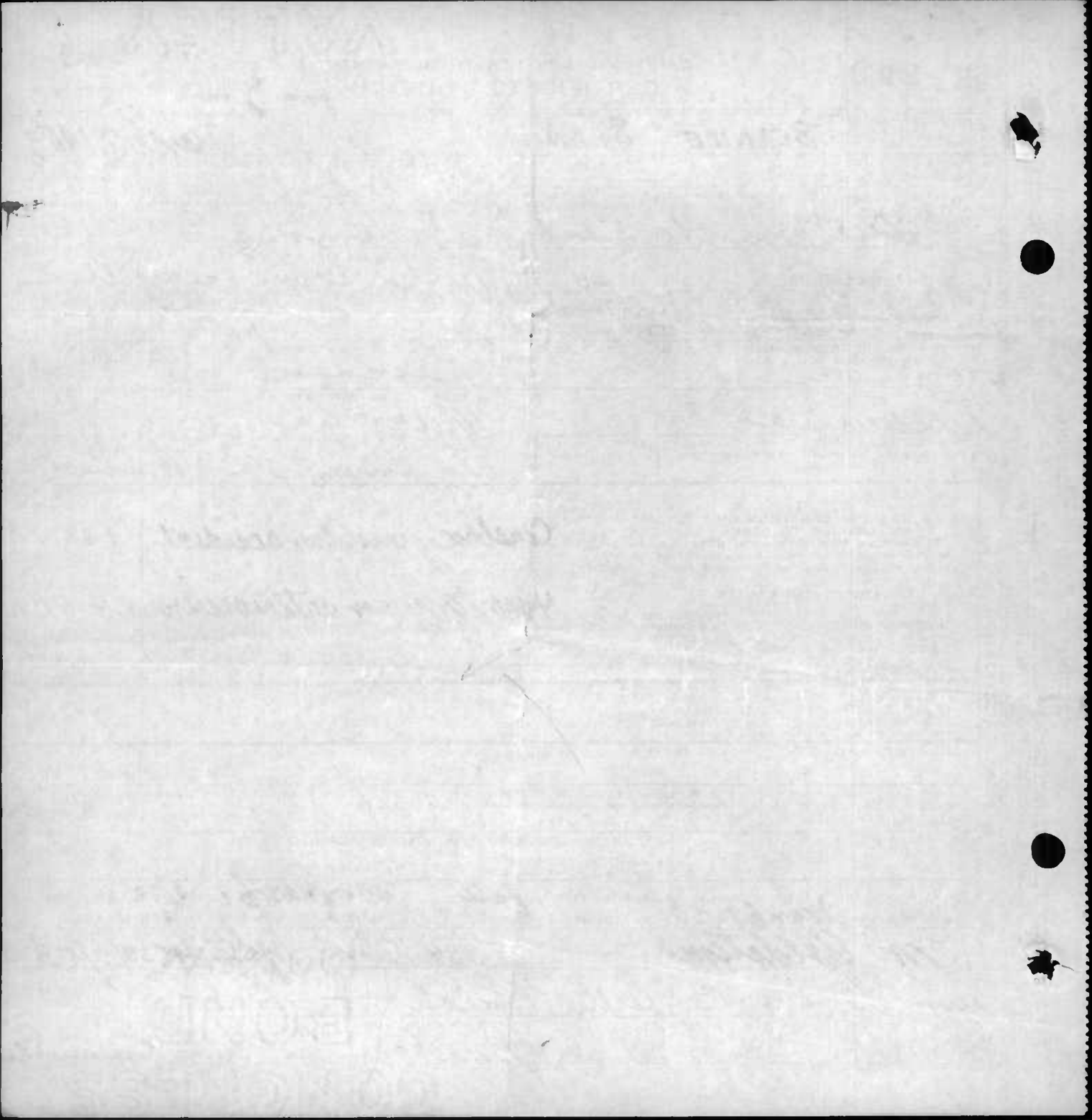
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2469

Registered No.

1. NAME OF DECEASED (Type or Print) BERNICE SHANIS		2. DATE OF DEATH March 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17	
C. Length of stay in Baltimore 33 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 5119 Queensbury Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work at the during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Nachman		14. MOTHER'S MAIDEN NAME Marian	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ely Shanis		ADDRESS same	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident DUE TO (A) 1 hr. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension + arteriosclerosis 4-5 yrs. (B) 4-5 yrs. (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from fall , 1950, to March 7, 1953 , that I last saw the deceased alive on March 7, 1953 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE M. Goldstein		23B. ADDRESS M. D. 5334 Liberty Heights Ave	23C. DATE SIGNED 3/7/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-8-53	24C. NAME OF CEMETERY OR CREMATORY Beth T. Felo	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis Inc	ADDRESS 2100 Canton Pl



5-326
53 2470BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Setzer

2. DATE
OF
DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland 27-16

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

3101 Oakford Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

1880

9. AGE (in years

last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Leth

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Izoma Meshua

14. MOTHER'S MAIDEN NAME

Chua Ella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Setzer - Same

18. 150X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

carcinoma esophagus

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/11/53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma esophagus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3/7/53, 19 to 3/7/53, 19, that I last saw the
deceased alive on 3/7/53, 19 and that death occurred at 1:40 PM, from the causes and on the date stated above.

23A. SIGNATURE

Living Kramer

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-10-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 3100 Geston Rd

223

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2471
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOSEPH MEADE

2. DATE
OF
DEATH

3-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MEDCOY HOSPITAL INC.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

525 N. BIDDLE ST.

c. Length of stay in Baltimore

?

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10/6/69

9. AGE (In years last birthday)

83

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ALLISON MEADE

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

✓

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CORONARY INSUFFICIENCY*

DUE TO

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *BRONCHOPNEUMONIA*

DUE TO

1 WK

(C) *ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE*

12 hr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-26-1953* to *3-2-1953*, that I last saw the deceased alive on *3-2-1953*, and that death occurred at *12:34 pm.* from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Lusk

M. D.

23B. ADDRESS

Mersey

23C. DATE SIGNED

3-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAR 6 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

53 2472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2472

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Jackson

2. DATE
OF
DEATH

March 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1102 W. Fayette St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1102 W. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 26, 1901

9. AGE (In years
last birthday)

49

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

N. C.

13. FATHER'S NAME

Wash Cencdon

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Martha Little 1402 Carroll St

18. 480X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5/53, 19, to 3/2/53, that I last saw the
deceased alive on 3/2/53, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-9-53

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 1953

Huntington Williams, M.D. Mrs. C. Hensley Reddy

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53 2473BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2473
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FERDINAND M. WALSH

2. DATE
OF
DEATH

MAR. 6 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

713 Melville Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 9-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

713 Melville Ave

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7-12-1887

9. AGE (in years)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

B.O.R.R.

11. BIRTHPLACE (State or foreign country)

BALTIMORE - MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES WALSH

14. MOTHER'S MAIDEN NAME

Bridget C. Mooney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

48-05-1164A

17. INFORMANT

MISS MARGARET WALSH - 713 Melville Ave

ADDRESS

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOArteriosclerotic Cardio-Vascular
Disease

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1953, to 3-6, 1953, that I last saw the
deceased alive on 3-5, 1953, and that death occurred at 8 a. m., from the causes and on the date stated above.

23A. SIGNATURE

P.D. Flynn

M. D.

23B. ADDRESS

11 C. Chase St

23C. DATE SIGNED

3-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Frederick Ave. BALTIMORE

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 8 1953

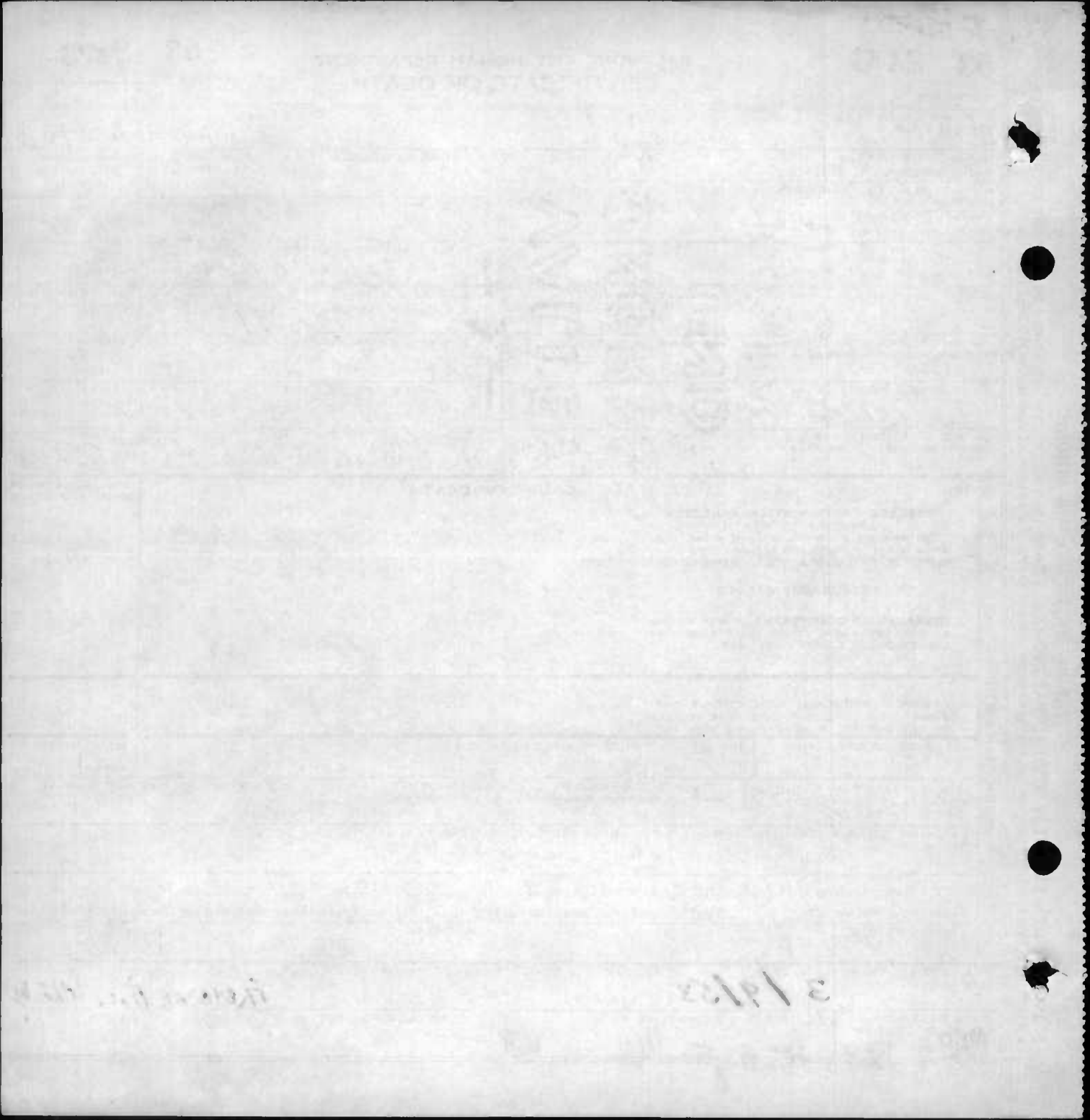
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thomas J. Kenny, Inc. 1600 Hollins St

ADDRESS



Z-560

53 2474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2474
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE ZIMMER

2. DATE
OF
DEATH

3-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Pikesville

D. STREET ADDRESS (If rural, give location)

202 Church Lane

5300

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 23, 1890

9. AGE (In years

last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework Self Employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Philip G Zimmer

14. MOTHER'S MAIDEN NAME

Emma Reist

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

None

17. INFORMANT

ADDRESS

Charles Zimmer Pikesville Md

18.

260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CONGESTIVE HEART FAILURE

DUE TO

ANTECEDENT CAUSES

(B)

DIABETES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23-53, 1953 to 3-7-53, 1953 that I last saw the
deceased alive on 3-7-53, 1953 and that death occurred at 10:47 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 10-53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J F Eline Sons Reisterstown Md

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12-01-82 BY 60321

12-01-82
60321



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2475
Registered No. 53 2475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 53 2475

1. NAME OF DECEASED (Type or Print) L. ENWOOD

2. DATE OF DEATH MAR 1 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Med. Office 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore 32 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md.
B. COUNTY BALTIMORE 5 10-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
707 N. Spring St.

D. STREET ADDRESS (If rural, give location)

5. SEX Male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Sp.

8. DATE OF BIRTH 5-16-00

9. AGE (in years, last birthday) 52

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Driver

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 490X and 322.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) E. Coli Septicemia 24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia L. U. R. 24 hrs

(C) E. Coli

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. Addiction to Alcohol years

19A. DATE OF OPERATION 2-28-1953

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

20. AUTOPSY? YES ☒ NO ☐

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28-1953 to 3-1-1953 that I last saw the deceased alive on 3-1-1953 and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE David L. Suter

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

DATE RECEIVED BY LOCAL REGISTRAR MAR 8 1953

23B. ADDRESS JOHNS HOPKINS HOSPITAL

24B. DATE 3/7/53

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn

24D. LOCATION (City, town, or county) (State)
Baltimore Md.

25. FUNERAL DIRECTOR ADDRESS
Charles A. Rice - 661 W. Barre St.

VS 150
780 99

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

OFFICE OF THE CHIEF OF BUREAU
WASHINGTON, D. C.

RECEIVED
JAN 10 1917

TO THE CHIEF OF BUREAU
WASHINGTON, D. C.

FROM THE CHIEF OF BUREAU
WASHINGTON, D. C.

SUBJECT: [illegible]

REFERENCE: [illegible]

RE: [illegible]

DATE: [illegible]

BY: [illegible]

FOR: [illegible]

THROUGH: [illegible]

TO: [illegible]

FROM: [illegible]

SUBJECT: [illegible]

REFERENCE: [illegible]

53 2476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2476

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE YOST

2. DATE
OF
DEATH

MARCH 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

322 N. FRANKLINTON ST., #23

c. Length of stay in Baltimore

32

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

OCT. 14, 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tavern Operator

10B. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

OHIO - Belmont Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN W. POWELL

14. MOTHER'S MAIDEN NAME

ELIZABETH HODELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

BESSIE PAMPLE 1703 30th St N.W.

CANTON Ohio

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRO-VASCULAR HEMORRHAGE 11 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 4, 1953, to MARCH 5, 1953, that I last saw the deceased alive on MARCH 5, 1953, and that death occurred at 10:12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Victoria L. Palmer

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 1953

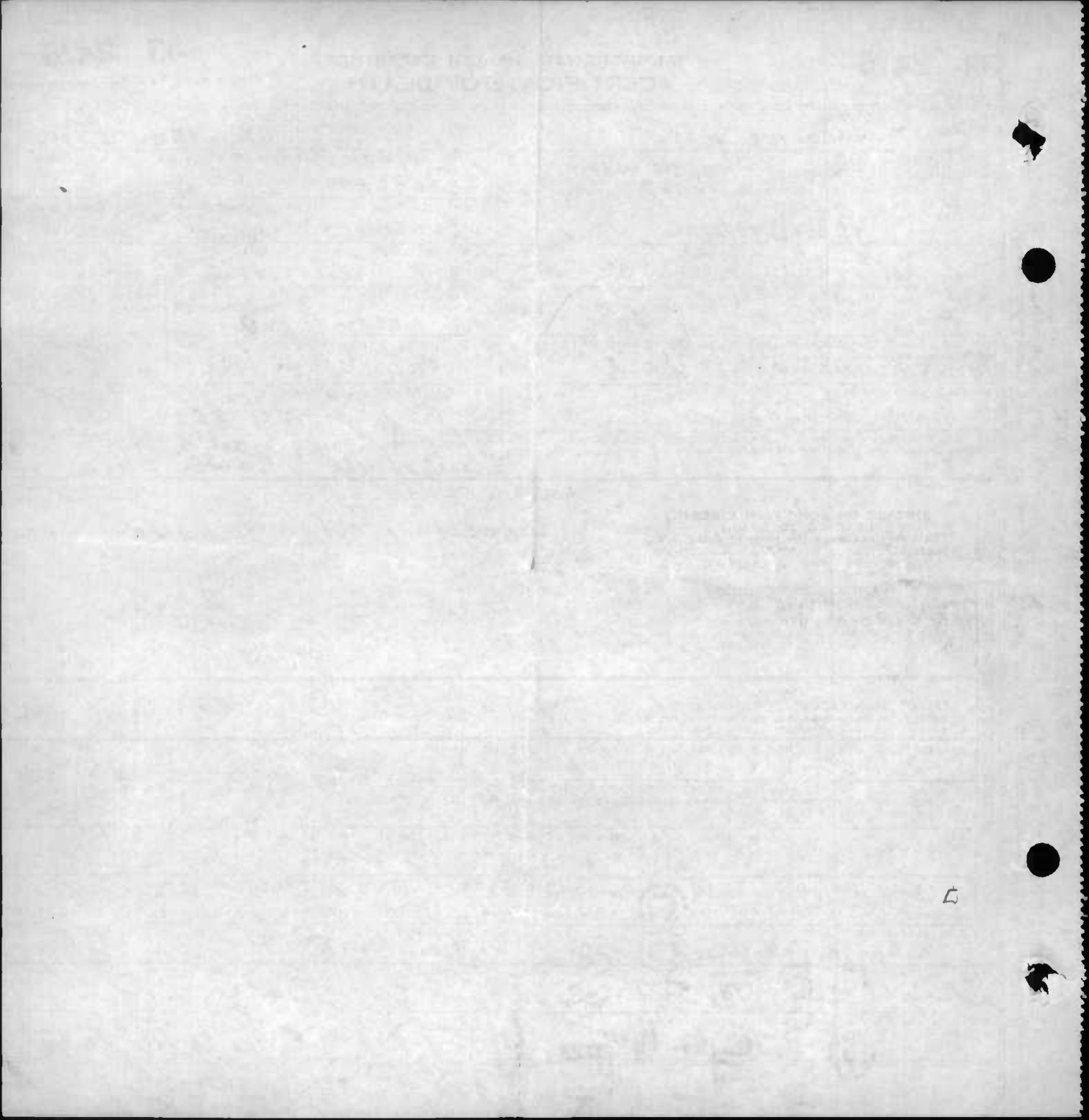
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. B. Walters

ADDRESS



53 2477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2477

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. OWENS

2. DATE
OF
DEATH March 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

34 S. Carey Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Nov 26, 1900

9. AGE (In years
last birthday)

51

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

BALTO Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN C. OWENS

14. MOTHER'S MAIDEN NAME

CLARA Schults

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

John OWENS 1336 W. Lombard St

ADDRESS

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Intracerebellar hemorrhage

with Rupture into subarachnoid space

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 6, 195324. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-9-1953

24C. NAME OF CEMETERY OR CREMATORY

Western Bur.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

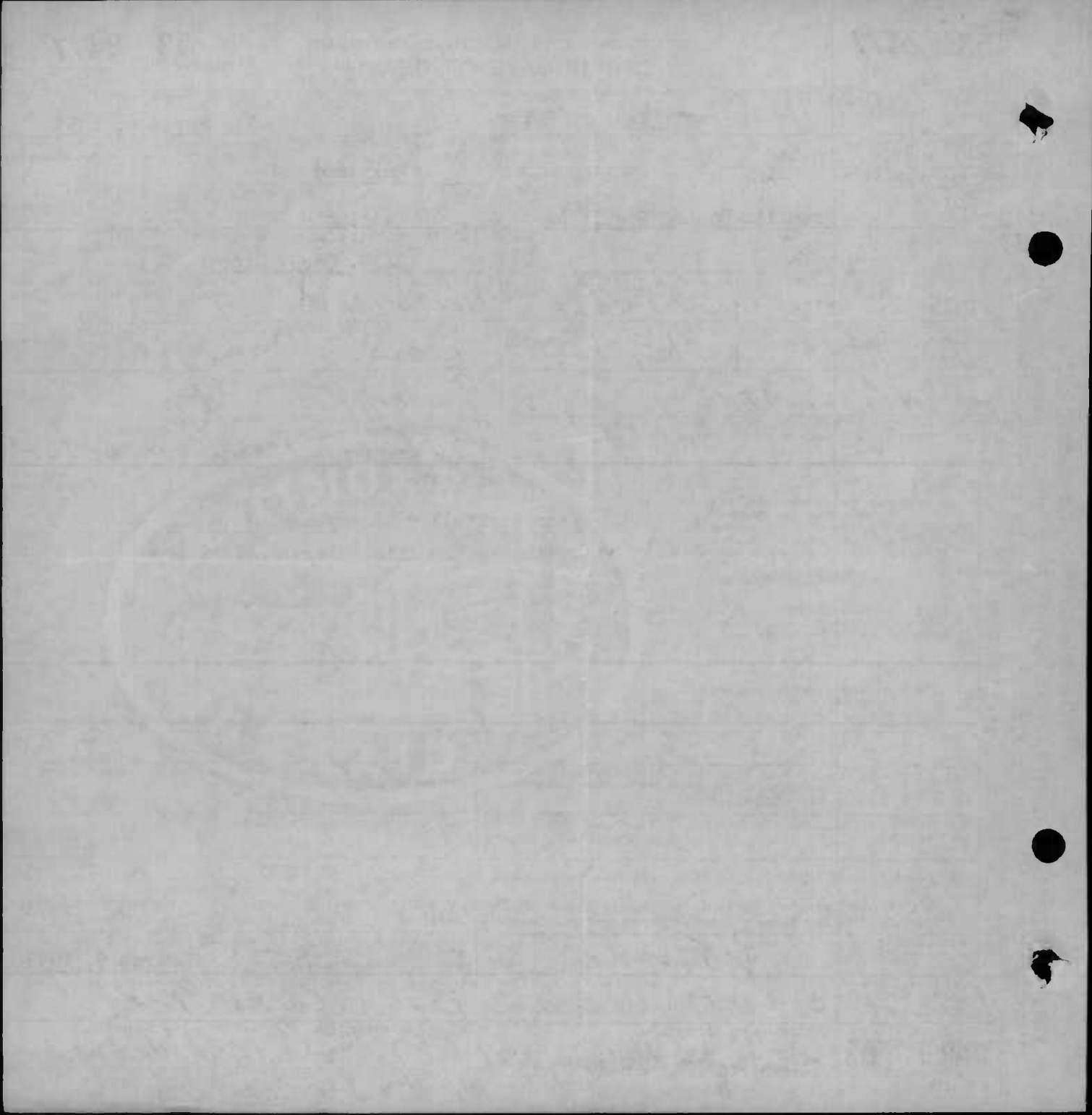
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. F. Fisher & B. M. Walters

ADDRESS

5648 H & Y Stricker Sts



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2478
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to March 1953, that I last saw the deceased alive on 3/5/53, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2479

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Erdman Dean

2. DATE
OF
DEATH

Mar 8. 1953

3. PLACE OF DEATH

A. Baltimore City, Maryland 3030 W. Mosher St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Ind

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3030 W. Mosher St.

c. Length of stay in Baltimore

8 Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 12. 1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-24-6063

17. INFORMANT

George W. Dean 3030 W. Mosher St.

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

Chief or Asst. Medical Examiner

INTERVAL BETWEEN ONSET AND DEATH

7 days
4 1/2 years

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Name

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1947 to 3-8, 1953, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 7 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Leon Aschman

23B. ADDRESS

1201 Poplar Ave St

23C. DATE SIGNED

3-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Mar 12-1953

24C. NAME OF CEMETERY OR CREMATORY

German Lutheran

24D. LOCATION (City, town, or county) (State)

Essex Md.

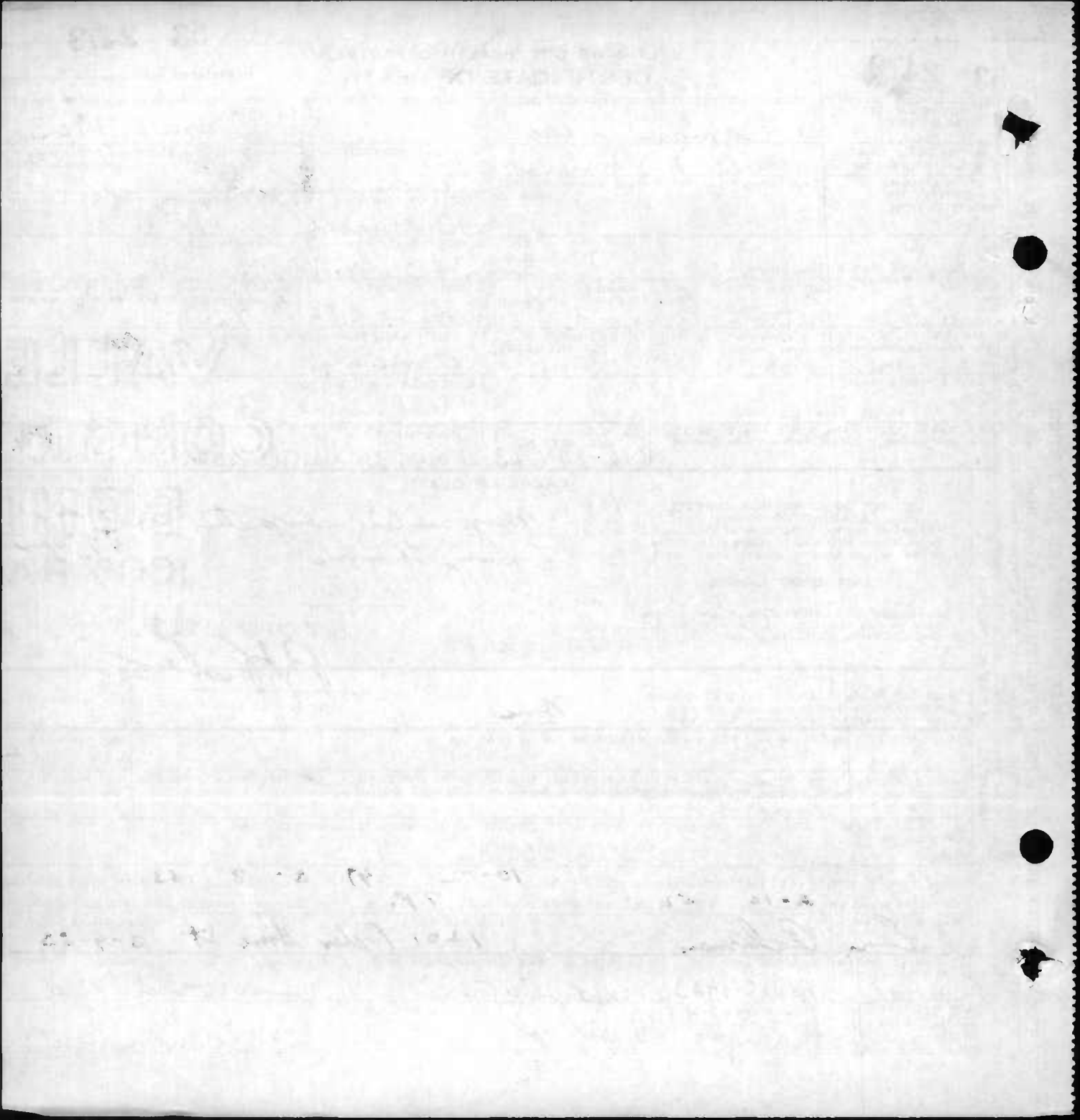
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John R. Seifel 5311 Edmondson Ave



53 400
2480BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2480
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY - AUGUST DIEHL

2. DATE
OF
DEATH

Mar 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

43 South Baltimore General

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 28-04

D. STREET ADDRESS (If rural, give location)

404 Swann Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar 24, 1888

9. AGE (in years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clothes Cutter

10B. KIND OF BUSINESS OR
INDUSTRY

Men's Suits

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Diehl

14. MOTHER'S MAIDEN NAME

Mary Labahr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

1st World War

16. SOCIAL
SECURITY NO.

212-12-9050

17. INFORMANT

Edna L. Fisher 404 Swann Ave

ADDRESS

18.

155 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Brain metastasis

DUE TO

months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cancer of the liver

DUE TO

months

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerotic heart disease

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-19, to 3-7-1953 that I last saw the
deceased alive on 3-7-1953 and that death occurred at 8:40pm., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Balto Gene Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 10-1953

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

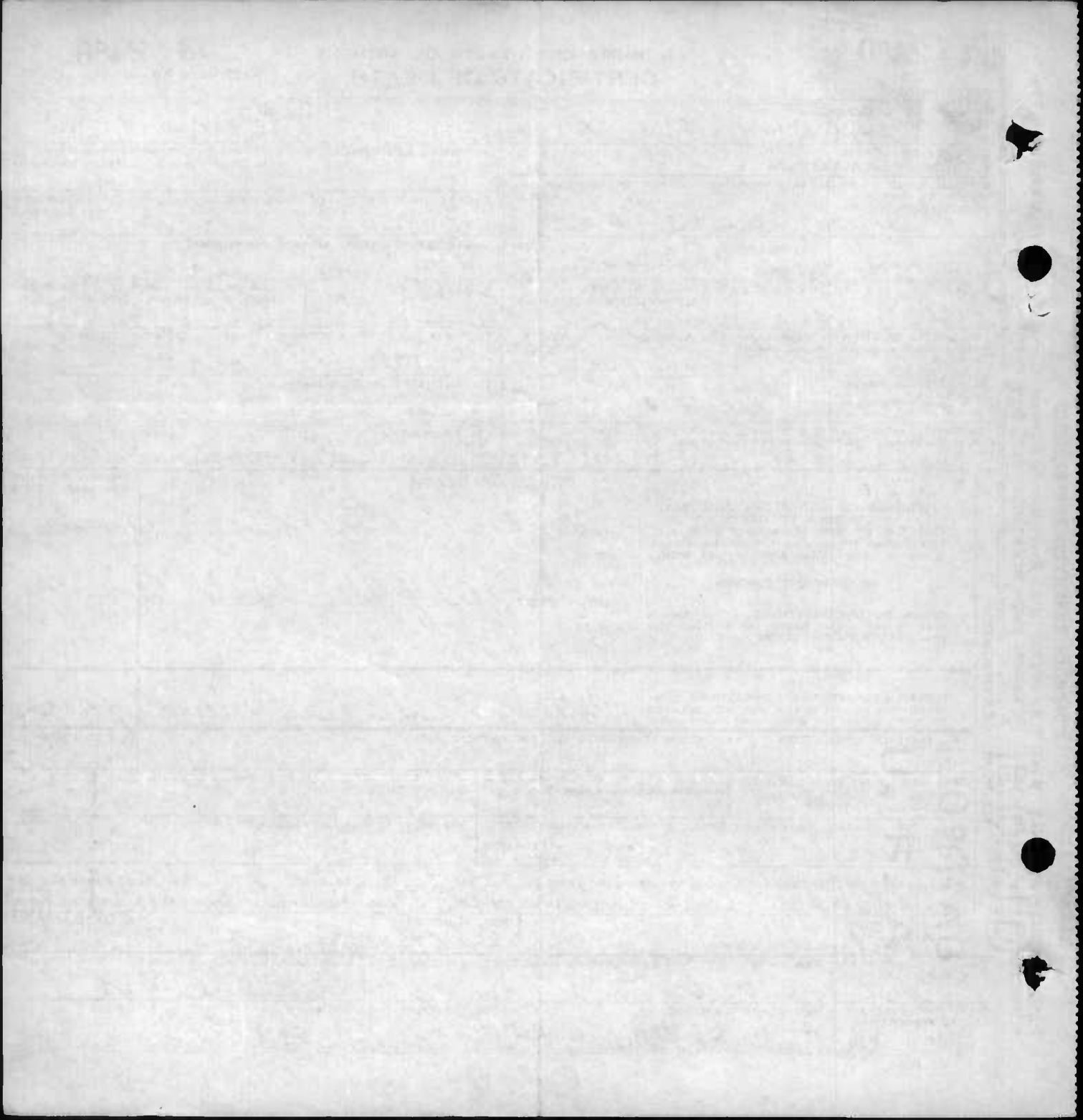
Huntington Williams

25. FUNERAL DIRECTOR

John F. Geisler

ADDRESS

5311 Edmondson Ave



53 2481

53 2481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES RAYMOND BOWEN

2. DATE
OF
DEATH

March 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 332 S. Norris St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

19-03

D. STREET ADDRESS (If rural, give location)

332 S. Norris St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 4, 1890

9. AGE (In years last birthday)

62

10 Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Flanger

10B. KIND OF BUSINESS OR INDUSTRY

Straw hat factory

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Bowen

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-05-8636

17. INFORMANT

ADDRESS

Mrs. Dorothy Wilson 3110 Baybriar Rd. 22

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Colon with Metastasis Over 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to Mar 5, 1953 that I last saw the deceased alive on Mar 4, 1953, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman, M. D.

23B. ADDRESS

206 S. E. Lomas

23C. DATE SIGNED

3/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge Memo. Park

24D. LOCATION (City, town, or county)

Dorsey, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home 2112 Dundalk Ave.

VS 150

690 4F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEATH CERTIFICATE

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2482

53 2482
Registered No.

1. NAME OF DECEASED (Type or Print) HARRIET VERNON			2. DATE OF DEATH MARCH 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Colonial Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 4506 Sorento Ave			E. STREET ADDRESS (If rural, give location) 527 WINSTON AVE		
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH MARCH 5, 1884		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME PARDON C. PARKHURST			14. MOTHER'S MAIDEN NAME JENNIE SCOTT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS Mrs Harriet D. Vernon 527 Winston Ave		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) HYPERTENSIVE CARDIO-VASCULAR DUE TO HEART DISEASE		(B) GENERALIZED ARTERIO-SCLEROSIS		
ANTECEDENT CAUSES		(C) ACUTE PULMONARY EDEMA		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7/1 , 19 52 to 3/6 , 19 53 , that I last saw the deceased alive on 3/6 , 19 53 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.				
23A. SIGNATURE John H. [Signature]		23B. ADDRESS 701 Cherry Lane W.		23C. DATE SIGNED 3/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-9-1953	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Edmund F. [Signature]		ADDRESS 5209 York Rd.	

VS 150

6904G

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2483

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles M. Walker

2. DATE
OF
DEATH

3. 6. 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md BALTO

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SPARROWS POINT (19)

D. STREET ADDRESS (If rural, give location)

1301 Forest Road

5300

c. Length of stay in Baltimore

26

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-27-1896

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR
INDUSTRY

SHIP YARD

11. BIRTHPLACE (State or foreign country)

SCOTLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN WALKER

14. MOTHER'S MAIDEN NAME

ISABELL MAC DONALD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213-07-6544

17. INFORMANT

ANNIE H. WALKER - SAME

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

DUE TO

(C) Myocardial damage

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3. 4. 1953 to 3. 6. 1953 that I last saw the
deceased alive on 3. 6. 1953 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Morris Goldber

M. D.

23B. ADDRESS

Sinai Hospital Balto. Md.

23C. DATE SIGNED

3. 6. 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-10-53

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTO. CO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953

Funeral Director: William G. Galt, 1100 E. Pratt St., Baltimore, Md.

57-44-9

MAR/2168361

CERTIFICATE ALLOTTED 6/22/53 SES

53 2484

BALTIMORE CITY HEALTH DEPARTMENT

53 2484

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marion E. Stromberg

2. DATE
OF
DEATH

Mar. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1217 Joplin St.

c. Length of stay in Baltimore

42 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Mar. 20, 1910

9. AGE (In years
last birthday)

42

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Tutehton

14. MOTHER'S MAIDEN NAME

Jane Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B) Primary site - liver

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1953, to 3-7, 1953, that I last saw the
deceased alive on 3-7, 1953, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/10/53

Oak Lawn

Eastern Ave. Rd.

md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953

Huntington Williams, M.D.

John G. Connelly

418 Eastern Ave.

Balto. 21, md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. H. C. Johnston, Asst Surg, Medical Baltimore City Hosp

replied to query of Met. Life Ins. Co on policy #2737203 - 199 Date 1/13/53

"stated liver as primary site"

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2485

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johanna Krueger

2. DATE
OF
DEATH

2/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md.

B. COUNTY

Baet

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

*Mercy Hosp.
Calverton-Saratoga Sts*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

26-07

D. STREET ADDRESS (If rural, give location)

3613 Hudson St. Md.

c. Length of stay in Baltimore

—

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

12/18-1889

9. AGE (in years,

last birthday)

If Under 1 Year
Months Days Hours Min.

63 yrs

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ernest Long

14. MOTHER'S MAIDEN NAME

Louise Klecker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Husband

ADDRESS

Same

18. *157X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Inanition

Unk.

DUE TO

Carcinoma of the Pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Enlarged Ca of Liver

DUE TO

Metastasis to the Liver

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/2*, 19*53* to *3/7*, 19*53* that I last saw the
deceased alive on *3/2*, 19*53* and that death occurred at *6 P m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. J. Roda

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

O'Donnell St. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Connelly

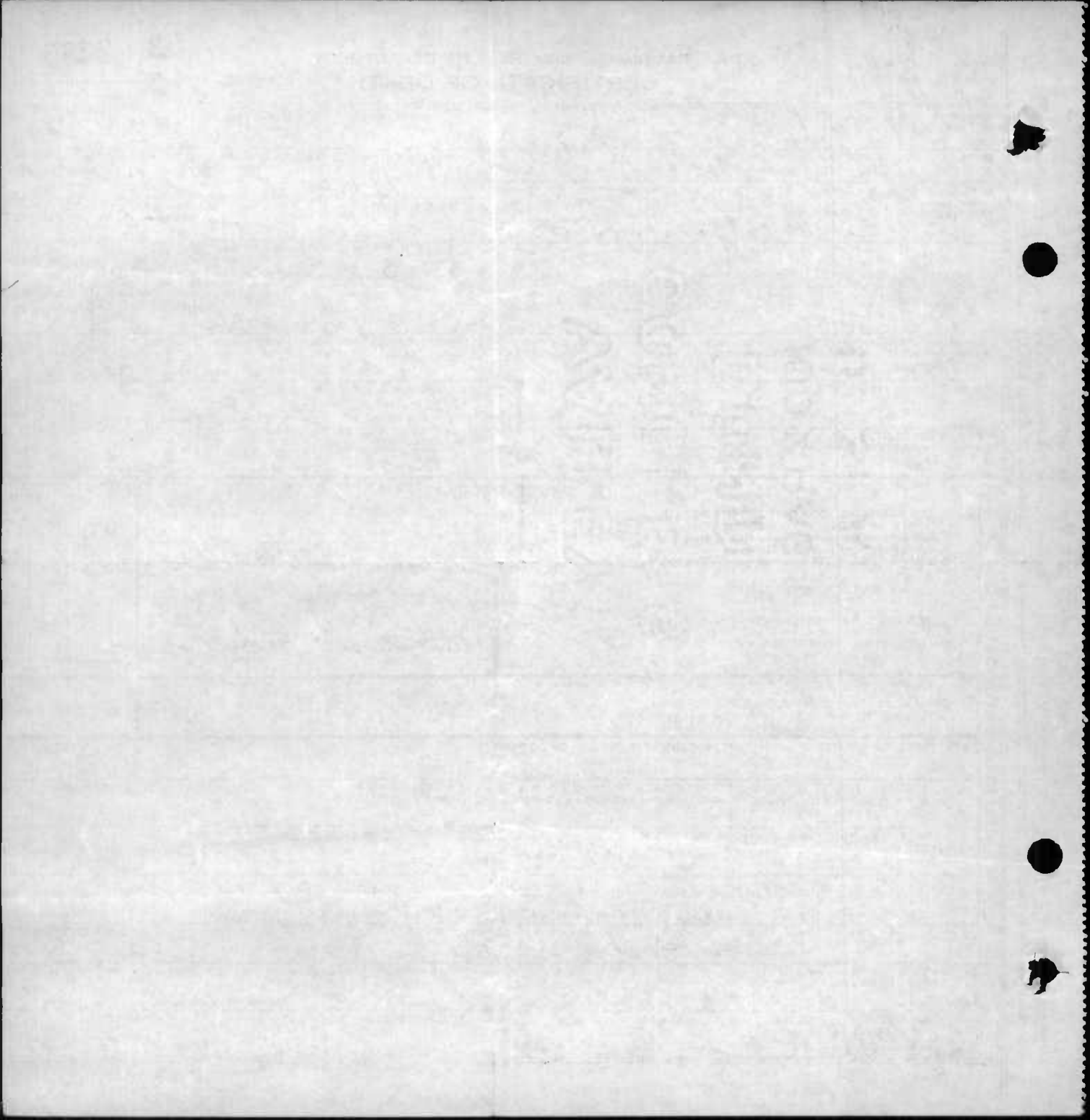
ADDRESS

*418 Eastern Ave.
Balto. 21 - Md.*

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2486
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary A. Repson (Or Mamie)

2. DATE
OF
DEATH

March 6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3908 Canterbury Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore **Life**
Yrs. _____
Mos. _____
Days _____

D. STREET ADDRESS (If rural, give location)

1402 N. Luzerne Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 4, 1869

9. AGE (in years last birthday)

88

10 Under 1 Year Months: Days _____

11 Under 24 Hours Hours: Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hagen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Fred G. Hagen, 401 N. Loudon Ave.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **16 July**, 19**46**, to **6 March**, 19**53**, that I last saw the deceased alive on **6 March**, 19**53**, and that death occurred at **8:30** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 9/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Essex, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953

Huntington Williams, M.D. Harry F. Kitzke 4101 Edmondson Ave.

3210

3

THE TOWN OF NEW YORK, N.Y. DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3210

IN THE CITY OF NEW YORK

NO. 1

DEPT. OF HEALTH

DEPT. OF HEALTH

DEPT. OF HEALTH

DEPT. OF HEALTH

DEPT. OF HEALTH

DEPT. OF HEALTH

DEPT. OF HEALTH

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DEPT. OF HEALTH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2487**

BIRTH NO. **53 2487**

1. NAME OF DECEASED (Type or Print) HELEN A. HOFFMAN			2. DATE OF DEATH 3/6/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Univ. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Relay		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4940 Tulip Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/7/91		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.W.			10B. KIND OF BUSINESS OR INDUSTRY Crown Home		11. BIRTHPLACE (State or foreign country) Balto. Ind.
13. FATHER'S NAME William - Plarney			14. MOTHER'S MAIDEN NAME Lydia Appabby		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT James L. Hoffman			ADDRESS 4940 Tulip Ave		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Relay, Ind.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Carcinomatosis (B) Ca. of Breast (Primary) - metastasis to lung, brain & shin. (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/28/53 , 19__, to 3/6/53 , 19__, that I last saw the deceased alive on 3/6/53 , 19__ and that death occurred at 10¹⁵ P.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. B. Ridberger		23B. ADDRESS Univ. Hosp		23C. DATE SIGNED 3/6/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 10/53		24C. NAME OF CEMETERY OR CREMATORY Landow Park Balto.		24D. LOCATION (City, town, or county) (State) 29, Ind.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry H. Witter		ADDRESS 4101 Edmonson Ave.	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2488**

BIRTH NO. 53 2488		1. NAME OF DECEASED (Type or Print) R. Gustav Glindemann		2. DATE OF DEATH March 7, 53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 8-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1326 Henhill Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1326 Kenhill Ave.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 1, 1909	9. AGE (in years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier		10B. KIND OF BUSINESS OR INDUSTRY U.S. Govt.		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Robert		12. CITIZEN OF WHAT COUNTRY?			
14. MOTHER'S MAIDEN NAME Louise Ludbrick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO. None		17. INFORMANT 1326 Kenhill Ave. Mrs. Marie Glindemann			
18. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hodgkins Disease		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 5, 1952 to March 7, 1953 that I last saw the deceased alive on March 6, 1953 and that death occurred at 4:17 m. , from the causes and on the date stated above.					
23A. SIGNATURE Allen C. Buchanan		23B. ADDRESS 3134 E. Baltimore St.		23C. DATE SIGNED 3-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/10/53		24C. NAME OF CEMETERY OR CREMATORY Immanuel Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Paul A. Heemann			
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 150		ADDRESS 6067 Harford Rd.			

33590

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2489

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

David Doroficich

2. DATE OF DEATH

Mar. 6 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *MD* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write URA and give township)
Baltimore 6-05

D. STREET ADDRESS (If rural, give location)
104 Jackson Place

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 28, 1894

9. AGE (In years last birthday)

61

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter Johns

10B. KIND OF BUSINESS OR INDUSTRY

So. Hotel

11. BIRTHPLACE (State or foreign country)

Russian

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

David

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-01-6224

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *163X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *carcinoma of the lung*

1 1/2 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY

William H. H. M.D.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

lung abscess

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-6-1953* to *3-6-1953*, that I last saw the deceased alive on *12-04-19*, and that death occurred at *12:15* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Johns

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6 March 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-9-53

24C. NAME OF CEMETERY OR CREMATORY

Bowdon Park

24D. LOCATION (City, town, or county)

Balto., MD

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edward J. Steward 2503 Edmondson Ave

ADDRESS

VS 150

Released to Hospital 7808 B

1910

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1910

1910

1910

1910

1910

1910

1910

1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2490

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GIBSON MINNIE

2. DATE
OF
DEATH

3-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

U.H. University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt.

5300

D. STREET ADDRESS (If rural, give location)

118 Clyde Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

U.S.A. Md

12. CITIZEN OF
WHAT COUNTRY?

D.S.A.

13. FATHER'S NAME

John Skraguland

14. MOTHER'S MAIDEN NAME

Harriet Grandall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daughter

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute gastric dilatation

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hemorrhoids - symptoms full bladder
choledocholithiasis (liver)
Pneumonia
Amputation of breast tissue
old

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1953 to 3-7, 1953 that I last saw the
deceased alive on 3-7, 1953 and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Gromila

M. O.

23B. ADDRESS

U.H.

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. E. Beyer 1512 Hollister St

Baltimore 23 Md

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2491
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Michael Stasiak

2. DATE
OF
DEATH

3-7-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1024 S. Linwood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltos.

D. STREET ADDRESS (If rural, give location)

1024 S. Linwood Ave.

c. Length of stay in Baltimore

50 yrs.

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-8-1879

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Long shoemen

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Stasiak

14. MOTHER'S MAIDEN NAME

Marcella (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-09-9566

17. INFORMANT

ADDRESS

Leticia Stasiak

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Inoperable Carcinoma of Larynx

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1953, to March 7, 1953, that I last saw the deceased alive on March 6, 1953, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Wm. Thompson

23B. ADDRESS

2029 Eastern Ave.

23C. DATE SIGNED

3-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-11-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Dundalk Ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 1953

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

John J. Duda, Inc. 2829 N. 5th St.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. CAUSE OF DEATH		8. MANNER OF DEATH		9. PLACE OF DEATH		10. TIME OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS		13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF CLERK		15. SIGNATURE OF REGISTRAR	
16. SIGNATURE OF CORONER		17. SIGNATURE OF JURY		18. SIGNATURE OF JUDGE		19. SIGNATURE OF SHERIFF		20. SIGNATURE OF CLERK	
21. SIGNATURE OF DECEASED		22. SIGNATURE OF WITNESS		23. SIGNATURE OF PHYSICIAN		24. SIGNATURE OF CLERK		25. SIGNATURE OF REGISTRAR	
26. SIGNATURE OF CORONER		27. SIGNATURE OF JURY		28. SIGNATURE OF JUDGE		29. SIGNATURE OF SHERIFF		30. SIGNATURE OF CLERK	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF WITNESS		33. SIGNATURE OF PHYSICIAN		34. SIGNATURE OF CLERK		35. SIGNATURE OF REGISTRAR	
36. SIGNATURE OF CORONER		37. SIGNATURE OF JURY		38. SIGNATURE OF JUDGE		39. SIGNATURE OF SHERIFF		40. SIGNATURE OF CLERK	
41. SIGNATURE OF DECEASED		42. SIGNATURE OF WITNESS		43. SIGNATURE OF PHYSICIAN		44. SIGNATURE OF CLERK		45. SIGNATURE OF REGISTRAR	
46. SIGNATURE OF CORONER		47. SIGNATURE OF JURY		48. SIGNATURE OF JUDGE		49. SIGNATURE OF SHERIFF		50. SIGNATURE OF CLERK	
51. SIGNATURE OF DECEASED		52. SIGNATURE OF WITNESS		53. SIGNATURE OF PHYSICIAN		54. SIGNATURE OF CLERK		55. SIGNATURE OF REGISTRAR	
56. SIGNATURE OF CORONER		57. SIGNATURE OF JURY		58. SIGNATURE OF JUDGE		59. SIGNATURE OF SHERIFF		60. SIGNATURE OF CLERK	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF WITNESS		63. SIGNATURE OF PHYSICIAN		64. SIGNATURE OF CLERK		65. SIGNATURE OF REGISTRAR	
66. SIGNATURE OF CORONER		67. SIGNATURE OF JURY		68. SIGNATURE OF JUDGE		69. SIGNATURE OF SHERIFF		70. SIGNATURE OF CLERK	
71. SIGNATURE OF DECEASED		72. SIGNATURE OF WITNESS		73. SIGNATURE OF PHYSICIAN		74. SIGNATURE OF CLERK		75. SIGNATURE OF REGISTRAR	
76. SIGNATURE OF CORONER		77. SIGNATURE OF JURY		78. SIGNATURE OF JUDGE		79. SIGNATURE OF SHERIFF		80. SIGNATURE OF CLERK	
81. SIGNATURE OF DECEASED		82. SIGNATURE OF WITNESS		83. SIGNATURE OF PHYSICIAN		84. SIGNATURE OF CLERK		85. SIGNATURE OF REGISTRAR	
86. SIGNATURE OF CORONER		87. SIGNATURE OF JURY		88. SIGNATURE OF JUDGE		89. SIGNATURE OF SHERIFF		90. SIGNATURE OF CLERK	
91. SIGNATURE OF DECEASED		92. SIGNATURE OF WITNESS		93. SIGNATURE OF PHYSICIAN		94. SIGNATURE OF CLERK		95. SIGNATURE OF REGISTRAR	
96. SIGNATURE OF CORONER		97. SIGNATURE OF JURY		98. SIGNATURE OF JUDGE		99. SIGNATURE OF SHERIFF		100. SIGNATURE OF CLERK	

RECEIVED - BUREAU OF VITAL RECORDS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2492
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary SCHUCHARDT

2. DATE
OF
DEATH

3/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

9-05

D. STREET ADDRESS (If rural, give location)

1445 MONTPELIER ST

B. FULL NAME OF (not in hospital or institution, give street address or location)

1445 MONTPELIER ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 1878

9. AGE (In years last birthday)

74

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PHILIP KUEHBORTH

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

WM. E. MCKENZIE 1404 MONTPELIER ST.

18. *E916.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Asphixia due to third degree burns of face and trunk*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1445 MONTPELIER ST

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3 5 53 11P

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

clothes caught fire while lighting gas stove

22. I certify that I took charge of the remains described above, held an *autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 St. Paul St.

VS 151

N948.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

928 10

STREET TO ST. JAMES

C-10

ST. JAMES



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2493**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie E. Rates

2. DATE OF DEATH **March 6, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Anne Arundel**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2212 E. North Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Millersville

c. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
5200

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

February 21, 1870

9. AGE (In years last birthday)

83

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Practical Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles W. Rates

14. MOTHER'S MAIDEN NAME

Sarah Courley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mamie E. Hellwig, 2212 E. North Avenue

18. **422.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial Insufficiency**
DUE TO

2 1/2 hrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Feb 1953**, to **March 6, 1953**, that I last saw the deceased alive on **March 5, 1953**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

2/9/53

Baltimore Cemetery

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953

Huntington Williams, Jr.

Wm. Cook, Inc.

1217 St. Paul Street

2002

CERTIFICATE OF DEATH

DATE OF DEATH
PLACE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2494

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward M. Bowen

2. DATE OF DEATH

3-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. A. A.

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

Pikeson Severn

D. STREET ADDRESS (If rural, give location)

Rural 6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/2/1898

9. AGE (In years last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salmon

10B. KIND OF BUSINESS OR INDUSTRY

md. work for Blind

11. BIRTHPLACE (State or foreign country)

Towson, Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

Md.

13. FATHER'S NAME

John Edward Bowen

14. MOTHER'S MAIDEN NAME

Clara Rebecca Bayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

W. W. #1

16. SOCIAL SECURITY NO.

Lucille T. Bowen Pikeson Severn A. A. Co. Md.

16. 148X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of pharynx

@ 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-8, 1952, to 3-8, 1953, that I last saw the deceased alive on 3-8, 1953, and that death occurred at 9:23am., from the causes and on the date stated above.

23A. SIGNATURE

Y. H. H. H.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/11/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

VS 150

Patient had been discharged from University Hospital - 2 weeks prior to present admission - 4908W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATKINS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

STATE OF IOWA
COUNTY OF _____
DECEASED
DATE OF DEATH _____
PLACE OF DEATH _____
CAUSE OF DEATH _____
MANNER OF DEATH _____
AGE _____
SEX _____
RACE _____
BIRTH DATE _____
BIRTH PLACE _____
MARRIAGE DATE _____
MARRIAGE PLACE _____
EDUCATION _____
OCCUPATION _____
RELIGION _____
SIGNED _____
DATE _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2495**

BIRTH NO. 53 2495		1. NAME OF DECEASED (Type or Print) Mrs. Rosa J. Day		2. DATE OF DEATH March 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mount Nursing Home 3706 Nortonia Road		D. STREET ADDRESS (If rural, give location) 3308 Keswick Road		c. Length of stay in Baltimore 50 years	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 20, 1872	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Levi Pearson		14. MOTHER'S MAIDEN NAME Urith V. Day Hayworth		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT ADDRESS Miss Urith E. Day 5702 Willowton Ave.	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Decompensation DUE TO Anteroseptal C.V.D. DUE TO DUE TO DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 10, 1953 , to March 5, 1953 , that I last saw the deceased alive on March 5, 1953 , and that death occurred at 8:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence J. Lemanick		23B. ADDRESS 3211 Falls Rd.		23C. DATE SIGNED 3-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 9, 1953		24C. NAME OF CEMETERY OR CREMATORY St Mary's (Hampden)	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road		25. FUNERAL DIRECTOR Norace F. Burgee	
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1953		REGISTRAR'S SIGNATURE Theresa M. Williams			
VS 150					

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO. 100-10000

NAME OF DECEASED
DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

RELATIONSHIP

DATE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

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PLACE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2496

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles H. Mitchell

2. DATE
OF
DEATH

March 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1345 W. 41st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1345 W. 41st Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 14, 1871

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY

Glenn L. Martin Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

William T. Mitchell

14. MOTHER'S MAIDEN NAME

Lucinda Belt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
212-12-7912

17. INFORMANT

Mrs. Viola V. Mitchell 1345 W. 41st Street

ADDRESS

18. 481X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1953, to 3/8, 1953, that I last saw the deceased alive on 3/5, 1953 and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Goodman

23B. ADDRESS

34008 Belch U

23C. DATE SIGNED

3/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Norace F. Burgee

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Julius K. Goodman
3400 C. Baltimore Rd.
Bk. 1764

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2497**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PERCY RICHARDS

2. DATE OF DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-02

D. STREET ADDRESS (If rural, give location)

1645 N. Patterson Park Ave.

c. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/24/93

9. AGE (In years last birthday)

57

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR INDUSTRY

Am Brewery

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francis L. Richards

14. MOTHER'S MAIDEN NAME

Sarah J. Edmunds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Mrs. R. Richards 1645 N. Patterson Park Ave

18. **525X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Chronic Pulmonary Emphysema**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Pulmonary Fibrosis**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Heart Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3/5**, 19**53**, to **3/7**, 19**53** that I last saw the deceased alive on **3/7**, 19**53** and that death occurred at **5³⁰** Am., from the causes and on the date stated above.

23A. SIGNATURE

S. P. Wier

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/7/53

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 10 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Leo S. Leach 1703 N. Patterson Park Ave

ADDRESS

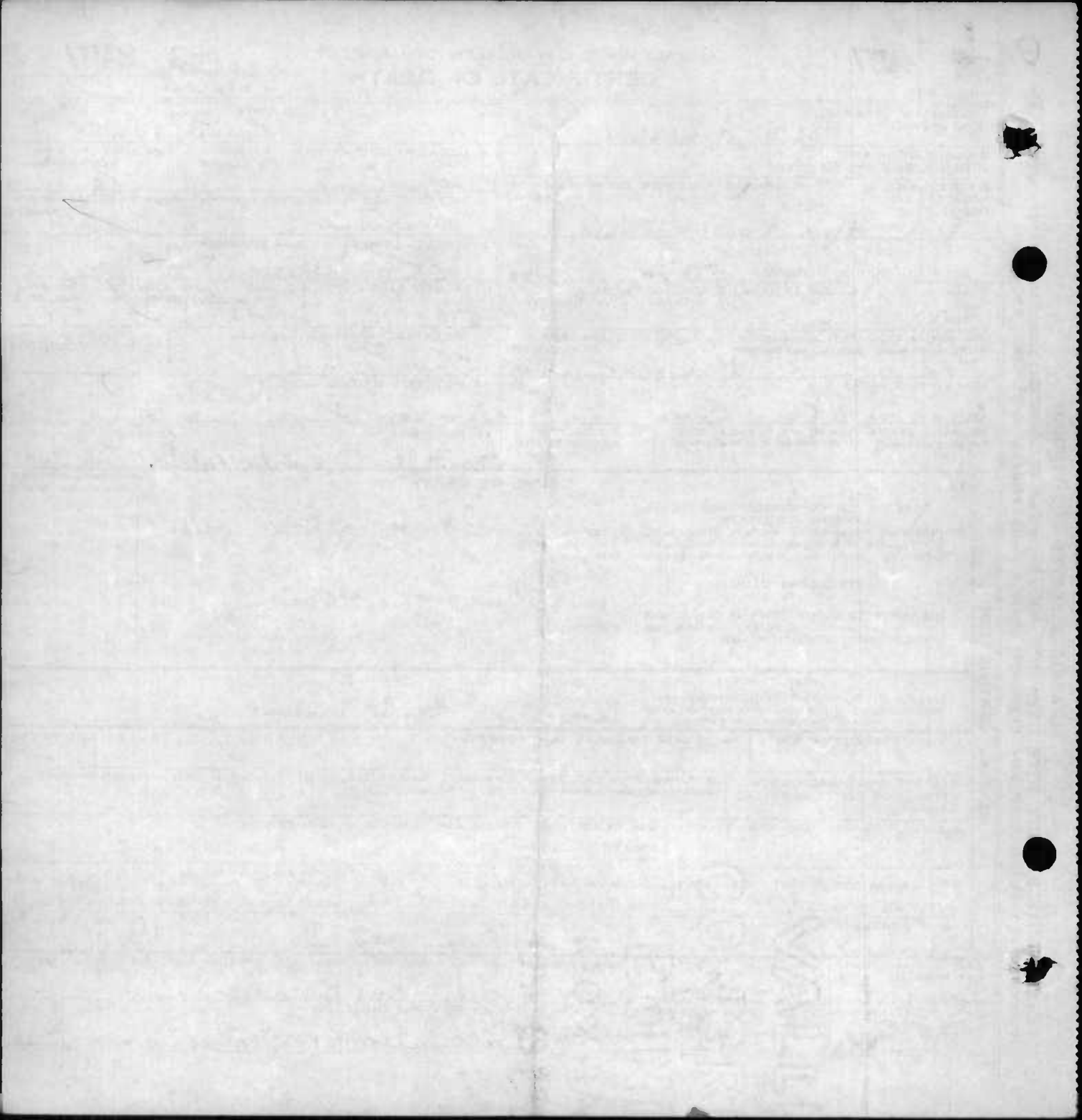
VS 150

97046

avo

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and correctly. correct age is especially important.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2498

BIRTH NO. 53 626 2498

1. NAME OF DECEASED
(Type or Print) Jacob Parker

2. DATE OF DEATH Mar-5-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

929 N. Caroline St

c. Length of stay in Baltimore

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-12-87

9. AGE (in years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Sammy Parker

14. MOTHER'S MAIDEN NAME

Alice Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-07-7969

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Plasma Cell Leukemia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

8 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1953 to 3-5, 1953, that I last saw the deceased alive on 3-5, 1953 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

David Seckman

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Mar 5 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 3/9/53 Mt Calvary Cemetery A.C.C. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953

Huntington Williams

Arthur J. Williams 1515 McElroy St

VS 150

9703A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

NAME OF FUNERAL HOME

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2499

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOSEPH ALEXANDROWICZ (ALEXANDER)			2. DATE OF DEATH MARCH 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2905 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 1-02		
D. STREET ADDRESS (If rural, give location) 2905 Eastern Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1886		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner		10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Julius Alexandrowicz			14. MOTHER'S MAIDEN NAME Victoria Szostek		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Bertha Alexandrowicz 2905 Eastern Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial Infarction		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 2, 1953 to March 8, 1953 that I last saw the deceased alive on March 7, 1953 , and that death occurred at 12:07 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. J. S. [Signature]		23B. ADDRESS 2529 Eastern Ave.		23C. DATE SIGNED 3-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 11, 53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.		24E. FUNERAL DIRECTOR ADDRESS Wm. S. Fialkowski 2007 Eastern Ave.			

VS 150

2906M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

REPORTED BY

SIGNATURE

DATE

PLACE

TIME

REPORTED BY

SIGNATURE

DATE

PLACE

TIME

REPORTED BY

SIGNATURE

DATE

PLACE

TIME

REPORTED BY

SIGNATURE

DATE

PLACE

TIME

REPORTED BY

SIGNATURE

DATE

PLACE

TIME

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2500
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen B. Presser

2. DATE
OF
DEATH

Mar. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5524 Sefton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5524 Sefton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 4, 1907

9. AGE (In years
last birthday)

45

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Belschner

14. MOTHER'S MAIDEN NAME

Mary Klapproth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 5524

Mr. Clifton Presser, Sr. Sefton

18. 214X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PULMONARY EMBOLUS.

10 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PHLEBOTROMBOSIS, FEMORAL VEIN

4 DAYS

DUE TO

(C) HYSTERICITY

2 WEEKS.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

RR3 23, 1953

19B. MAJOR FINDINGS OF OPERATION

UTERINE FIBROSIS

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to MARCH 7, 1953, that I last saw the deceased alive on MARCH 7, 1953, and that death occurred at 4:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Wilson

23B. ADDRESS

5417 Philadelphia Road

23C. DATE SIGNED

MARCH 7, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road

0075 03 2700

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

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PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER

PREVIOUS UNKNOWN

PREVIOUS NO ANSWER

PREVIOUS OTHER